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ABSTRACT

One of a series of documents prepared in conjuntion with the revised minimum standards adopted in 1983 by the Ohio State Board of Education for elementary and secondary schools, this publication is an elaboration of those portions of the minimum standards pertaining to school health services. Following the text of the standard and a brief introduction, sections of the revised Code are listed that pertain to the following school health concerns: (1) immunization and communicable diseases, (2) emergency medical authorization, (3) screening and counseling, (4) emergency procedures, (5) supervision, (6) first aid facilities and materials, and (7) additional considerations regarding school health services. In each section, requirements are paraphrased from the Revised Code or from the Administrative Rules of state governmental agencies, followed by suggestions for implementing the minimum standards in compliace with the Revised Code and Administrative Rules. Sample forms and related information are also included within each section. Appendixes provide the text of the selected sections of the Revised Code and the Ohio Administrative Code, followed by a list of health-related agencies and associations. (TE)

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EA 017 455

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FOREWORD

With the adoption of the 1983 minimum standards, the State Board of Education has established conditions to promote a general education of high quality in all chartered schools. The State Board of Education recognizes its responsibility to give direction to the system of education in the state. At the same time, there is flexibility within standards to establish educational programs that are responsive to local needs.

Minimum Standards for Elementary and Secondary Schools 1983 provide the potential for greatly improving education in Ohio. That potential can be reached through well-structured local and state leadership. To assist responsible implementation of minimum standards, staff in the Ohio Department of Education have prepared an implementation series consisting of fourteen documents. A distinction is made among the publications. Only one, *Procedures for School Evaluations*, is a compliance document. It contains the standards in a format readily used for self-evaluation. School personnel will find information about what is needed for a district and schools within the district to comply with standards. In the remaining publications, an effort is made to specify what the standard requires. Additional information, guidelines, procedural steps, and sample forms may go beyond what the standard requires. The purpose is to assist the local planning process, not to prescribe what shall be in every school in Ohio.

Minimum standards address the public's increasing expectations for schools with a requirement for competency based education in English composition, mathematics, and reading. Three of the publications, *Process Model for Course of Study, Competency Assessment and Testing*, and *Intervention* are aligned in addressing competency based education. A number of options are described for local consideration.

Appreciation is extended to school personnel who contributed to these publications by sharing their time, expertise, and materials. Appreciation is also extended to staff members who worked untold hours to make these publications possible.

Franklin B. Walter

Franklin B. Walter
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IMPLEMENTATION SERIES

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PREFACE

The major sections of this document coincide with the text pertaining to health services from the Minimum Standards for Elementary and Secondary Schools. Following the text of the standard, sections of the Revised Code are listed. Sections of the Code are included in the Appendix. "Requirements" are statements paraphrased from the Revised Code or from Administrative Rules of state governmental agencies. "Considerations" are suggestions for implementing the minimum standards in compliance with the Revised Code and Administrative Rules. Sample forms and related information are included within each section of the publication.

Certain topics covered in this document such as communicable diseases and medication policies have been included because they are identified in the Revised Code, are identified in an Administrative Rule, or because consideration of them is important to the development of a quality school health services program.

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RULES

CHAPTER 3301-35
MINIMUM STANDARDS FOR ELEMENTARY AND SECONDARY SCHOOLS

Rule 3301-35-03 Educational Resources

(D) Pupil health and safety shall be safeguarded by an organized program of school health services designed to identify pupil health problems and to coordinate school and community health resources for pupils, as evidenced by but not limited to:

(1) Compliance with immunization requirements of Section 3313.67 of the Revised Code;

(2) Compliance with emergency medical authorization requirements of Section 3313.712 of the Revised Code;

(3) Screening procedures to identify pupils with vision and hearing problems and a program of health counseling, referral, and follow up;

(4) Procedures for emergency situations including fire drills, rapid dismissals, and tornado drills in accordance with Section 3737.73 of the Revised Code;

(5) Records of monthly fire drills or rapid dismissals and records of tornado drills;

(6) Emergency procedures posted in classrooms and available to parents, pupils, and school personnel;

(7) Emergency telephone numbers posted by each telephone;

(8) Supervision of school grounds, play areas, and other facilities when scheduled for pupil use;

(9) First aid facilities and materials.

A section of the minimum standards, 3301-35-03 (C), includes requirements related to educational facilities and health services. The text of 3301-35-03 (C) is listed below. References in parentheses are to specific pages of this document.

(C) Facilities shall accommodate the enrollment and the philosophy of education and educational goals of the school.

(1) ... First aid facilities and space for temporary placement or isolation of injured or ill pupils shall be provided. (Refer to page 51.)

(2) Facilities shall be available to support the work of certificated staff and shall include work space, filing facilities, access to a telephone, and access to a room for private conferences. (Refer to pages 26 and 51.)

INTRODUCTION

(3) *School facilities and grounds shall be well-maintained, free from hazards, and in compliance with fire and safety laws and regulations as evidenced by:*

(a) *Reports of annual school fire inspections as conducted by the appropriate local authority.* (Refer to page 43.)

(b) *Reports of annual school health inspections as conducted by the appropriate local authority.* (Refer to page 56.)

SCHOOL HEALTH SERVICES

Optimal health is defined by the World Health Organization as a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity. Achievement of optimal health requires that educators be aware of pupil health problems and how they affect learning. School personnel must provide ways and means of identifying health problems, provide for the safety of pupils, offer assistance in obtaining professional care, and assist the pupil in having a successful school experience.

Each school district should have a clearly defined written policy for school health services. It is helpful to have a handbook describing school health services available in every school office. The handbook may contain policies and procedures on all matters concerning health services for pupils.

The purpose of the health services program is to promote, protect, maintain and improve the health status of pupils through the cooperative efforts of the pupil, the family, the physician, the dentist, school personnel, and the community. Members of the school health team may include the principal, teacher, school nurse, secretary, clerk, counselor, psychologist, and visiting teacher. The primary responsibility for the pupil's health rests with the parents. The school environment should be regulated with due regard and concern for the mental and physical health of pupils, and every precaution should be taken to protect pupils and personnel from accident or injury.

IMMUNIZATION

CHAPTER 3301-35
MINIMUM STANDARDS FOR ELEMENTARY AND SECONDARY SCHOOLS

3301-35-03 Educational Resources

I. **STANDARD (D)(1)** Compliance with immunization requirements of **Section 3313.67** of the Revised Code.

A. **SECTIONS OF THE REVISED CODE**

Section 3313.67 Immunization of pupils to prevent spread of diseases; records.

Section 3313.671 Required immunizations; exceptions.

B. **REQUIREMENTS FROM THE REVISED CODE**

1. State law requires pupils to be adequately immunized against tetanus, whooping cough, diphtheria, polio, measles, and rubella. Females who have reached puberty are exempt from rubella vaccine.
2. Immunizations are required prior to the fifteenth day of school attendance (within fourteen days following admission).
3. If a pupil is in the process of being immunized as defined in **Section 3313.671** of the Revised Code, the pupil has until the fifteenth day of the following school year to complete the immunization process.
4. The law mandates exclusion from school of pupils who are not in compliance with immunization requirements.
5. Boards of education must submit a report to the Director, Ohio Department of Health, by October 15 of each year.

C. **CONSIDERATIONS**

1. How can parents be considered to be in compliance with the immunization law? Options include:
   a. Presentation of a physician's statement indicating that immunization requirements have been met.
   b. Presentation of a physician's statement indicating that the pupil should not be immunized due to medical reasons.
   c. Parent or guardian may indicate in writing the dates the required immunizations were received. The school may require written proof by a physician.
   d. Parent or guardian may indicate in writing objection to immunization.
2. Space for immunization verification or objection could be placed on the registration form for the new pupil.

3. Referral and follow up of pupils with incomplete immunizations should be a high priority at the beginning of the school year.
4. Ohio immunization practices are defined by the Ohio Department of Health in accordance with guidelines developed by the American Academy of Pediatrics and changes in immunization practices may be made from time to time.

D. RELATED INFORMATION

The following information related to immunization has been organized and distributed by the Ohio Department of Health.

IMMUNIZATION

OHIO DEPARTMENT OF HEALTH
BUREAU OF PREVENTIVE MEDICINE

IMMUNIZATION RECOMMENDATIONS AND REQUIREMENTS

August 1, 1982

In an effort to achieve uniformity in the delivery of basic childhood immunizations, the Ohio Department of Health has adopted a number of recommendations made by the American Academy of Pediatrics (AAP). The AAP recommendations are the ones most often followed in the private practice of medicine, and they agree with United States Public Health Service recommendations.

The first section in this brochure presents immunization schedules for children that begin immunizations in infancy, those that begin at age 15 months through 6 years, and those that begin at age 7 and above. The recommendations presented in these schedules are not inflexible, and circumstances may, from time to time, dictate certain alterations to the schedules. The provider of the immunizations makes the final decision regarding spacing of immunizations and types of vaccine preparations to be used.

The next section ("Special Notes") addresses itself to routine boosters, tetanus prophylaxis, interruption of the immunization schedule, precautions and contraindications, simultaneous administration of live virus and killed vaccines, and TB skin testing.

The final section explains the State Immunization Law, and discusses school entry requirements.

Additional copies of this brochure can be obtained from:

Ohio Department of Health
Bureau of Preventive Medicine
Division of Communicable Diseases
246 North High Street
P.O. Box 118
Columbus, Ohio 43216

Telephone (614) 466-5404

0814.11 (Rev. 7/82) Ohio Department of Health

IMMUNIZATION

OHIO DEPARTMENT OF HEALTH
BUREAU OF PREVENTIVE MEDICINE

"IMMUNIZATION RECOMMENDATIONS"
Effective August 1, 1982

TABLE I

IMMUNIZATION SCHEDULE FOR NORMAL INFANTS AND CHILDREN

AGE	VACCINES	COMMENTS
2 Months 4 Months 6 Months	DTP POLIO DTP & POLIO DTP	DTP — Diphtheria, Tetanus and Pertussis (adsorbed type) Vaccine. POLIO — Trivalent Oral Polio Vaccine (TOPV).
15 Months	MEASLES RUBELLA MUMPS	M/M/R — One Dose of Measles/Mumps/Rubella (Combined) Vaccine.
18 Months 4-5 Years	DTP & POLIO DTP & POLIO *	These doses constitute an important part of the immunization series.

TABLE II

IMMUNIZATION SCHEDULE FOR CHILDREN WHO DID NOT BEGIN THEIR IMMUNIZATION SERIES BEFORE AGE 15 MONTHS

CHILDREN AGE 15 MONTHS THROUGH 6		
SPACING	**VACCINES**	**COMMENTS**
1st Visit	DTP & POLIO MEASLES/MUMPS/RUBELLA**	Refer to Table I comments for vaccine information.
2 Months after 1st	DTP & POLIO	The simultaneous administration of **M/M/R** in conjunction with **DTP** and **TOPV** is recommended for any immunization-deficient child age 15 months-6 years.
2 Months after 2nd	DTP	
6-12 Months after 3rd	DTP & POLIO	These reinforcing doses can be given just prior to school entry.
CHILDREN AGE 7 AND ABOVE		
1st Visit	Td (Adult) & POLIO, MEASLES/MUMPS RUBELLA	Td (Adult) — Tetanus and Diphtheria Vaccine (Adult) replaces DTP Vaccine for children age 7 and above.
2 Months after 1st	Td (Adult) & POLIO	Refer to Table I comments for other vaccine information.
6-12 Months after 2nd	Td (Adult) & POLIO	Refer to Ohio Department of Health's School Immunization Requirements.

* *If the third TOPV dose is administered at age 4 or older, **no further doses are indicated**. Similarly, if the fourth DTP dose is administered at age 4 or older, **a fifth DTP dose is not indicated**.*

** *Do not routinely administer measles, M/R or M/M/R vaccines before age 15 months.*

IMMUNIZATION

OHIO DEPARTMENT OF HEALTH
BUREAU OF PREVENTIVE MEDICINE

SPECIAL NOTES

- **Routine Booster Immunizations**

After completion of a basic immunizing series, a tetanus and diphtheria booster should be administered every ten years.

- **Tetanus Prophylaxis in Wound Management**

HISTORY OF TETANUS IMMUNIZATION	CLEAN, MINOR WOUNDS		ALL OTHER WOUNDS	
	Td (Adult)	TIG[4]	Td (Adult)	TIG
Uncertain	Yes	No	Yes	Yes
0-1	Yes	No	Yes	Yes
2	Yes	No	Yes	No[1]
3 or more	No[2]	No	No[3]	No

1) Unless wound more than 24 hours old
2) Unless more than 10 years since last dose
3) Unless more than 5 years since last dose
4) TIG — Tetanus Immune Globulin

NOTE: Substitute DTP vaccine for children under 7 years of age.

- **Interruption of Immunization Schedule**

A delay between scheduled doses **does not** interfere with final immunity and **does not necessitate starting the series over**, regardless of interval elapsed. Simply pick up the schedule where it left off.

- **Precautions and Contraindications to Immunization**

Vaccinators should familiarize themselves with product information that accompanies the various vaccines. Minor infections such as the common cold that are not associated with febrile reactions are **not** contraindications to immunization.

- **Simultaneous Administration of Certain Live and Killed Vaccines**

The U.S. Public Health Service Advisory Committee on Immunization Practices has approved simultaneous administration of combined measles/mumps/rubella (or individual antigens) with Trivalent Oral Polio Vaccine. This practice is particularly fitting when an immunization-deficient child over 15 months of age presents himself for immunizations. It is feasible for such a child to receive DTP, TOPV and measles/mumps/rubella vaccine in one visit. This is particularly fitting if there is doubt that the recipient will return to receive further doses of vaccine.

- **Tuberculin Skin Testing**

A TB skin test can be administered on the **same day** that measles/rubella and/or mumps vaccine is given.

IMMUNIZATION

OHIO DEPARTMENT OF HEALTH
BUREAU OF PREVENTIVE MEDICINE

IMMUNIZATIONS REQUIRED FOR SCHOOL ADMITTANCE

August 1, 1982

The Ohio Department of Health, under the authority granted in Sections 3313.671 and 3701.13, Ohio Revised Code, has established the following minimum requirements for pupils in public and non public schools.

- **Four** or more doses of DTP or TD (Adult) Vaccine or a combination of these vaccines.*
- **Three** or more doses of Trivalent Oral Polio Vaccine (TOPV).
- **One** live virus measles immunization administered on or after the child's first birthday.
- **One** rubella immunization.

An exception to the DTP/Td (Adult) requirements can be made for pupils who received their third DTP/Td at age six and above. These pupils are* **not *required to receive further DTP/Td (Adult) immunizations. They* **are** *required to complete the other immunizations.*

Pupils who do not meet or exceed minimum immunization requirements should be considered inadequately immunized. **Such pupils should not be admitted to school unless they have received at least one dose of DTP or Td (Adult) Vaccine, one dose of TOPV and immunization against measles and rubella.** (It is permissible for a physician or health department to administer any combination of these vaccines on the same visit. The physician or local health department will make all decisions concerning spacing of immunizations and types of vaccine preparations to be used.)

The State Immunization Law addresses itself to children enrolled in kindergarten through high school. Once immunization-deficient pupils have been identified they should be followed to insure that they are receiving the balance of the required immunizations. (All doses of required vaccines that a pupil has had in the past count toward satisfying the minimum number of required immunizations.)

Parents should be advised that failure to complete the balance of required DTP/polio immunizations **in a timely manner** is basis for **excluding pupils from school**; parents should be further advised that readmittance will not take place until proof of additional immunization(s) is submitted.

The required immunizations can be waived if a medical contraindication exists; a physician's written statement is required. Objection on religious or philosophical grounds is a valid exemption only when a written statement to this effect is signed by a parent or guardian; these parents should be warned that their children are subject to exclusion from school in the event of a school-based outbreak of any of the aforementioned diseases. Waivers are exceedingly rare, and evidence that a waiver exists must be kept on file at the school.

IMMUNIZATION

II. RELATED CONCERNS: COMMUNICABLE DISEASE

The potential negative impact of communicable diseases on the educational process necessitates attention to this topic by school personnel.

A. SECTIONS OF THE REVISED CODE

Section 3313.67 Immunization of pupils to prevent spread of diseases; records.

Section 3313.71 Health examinations of pupils and personnel.

Section 3701.24 Report as to contagious or infectious diseases.

Section 3701.28 Powers of department when local authorities fail to act.

Section 3707.06 Notice to be given of prevalence of infectious diseases.

Section 3707.16 Attendance at gatherings by quarantined person prohibited.

B. REQUIREMENTS FROM THE REVISED CODE

1. Specified contagious or infectious diseases must be reported by local health authorities to the Ohio Department of Health.
2. The Ohio Department of Health has jurisdiction when a contagious or infectious disease becomes or threatens to become epidemic.
3. Any person with a communicable disease designated as reportable to the Ohio Department of Health must be reported to the local health commissioner by the attending person.
4. No person with an infectious disease should attend school or other public gathering until released from isolation or quarantine.

C. CONSIDERATIONS

1. Policies and procedures should be established regarding discovery of communicable disease in the school.
2. Parents of any pupil exhibiting symptoms of a suspected contagious disease should be notified and the pupil referred to the family physician.
3. When instances of a communicable disease occur, it may be advisable to notify parents whose children are exposed to infected persons. Examples include chicken pox, measles, mumps, scarlet fever, pediculosis (lice), and scabies.

4. In classrooms where a pupil is discovered to have pediculosis, school personnel should discuss the situation with pupils and use discretion in checking the hair of all pupils to discover possible additional cases. School personnel may send a letter to the pupil's home containing information for the prevention and control of the infestation.
5. Emphasis on perfect attendance at school can encourage pupils to be in school while in the contagious stages of communicable disease. Colds, flu, and other viral infections are common during the school year and are easily transmitted in the classroom. No one with symptoms of infectious disease should attend school.
6. The Ohio Department of Health recommends that pupils from foreign countries who are entering school have a skin test for tuberculosis. This recommendation may be met by:
   a. Presentation of evidence of a tuberculin test within a year prior to admission.
   b. Presentation of a physician's statement that a tuberculin skin test is not advised for medical reasons.
   c. Administration of a tuberculin skin test by the school nurse (parental consent required).
   d. Presentation of a written statement from the pupil's parent or guardian objecting to such test because of religious convictions.
7. Isolation or exclusion from school should be considered when a pupil exhibits symptoms such as a temperature reading over 100°F., sore throat, rash, vomiting, or other symptoms of illness.
   a. If a pupil becomes ill at school, school personnel are responsible for requesting the parent(s) to come to school and pick up the pupil.
   b. No pupil should be sent home without being accompanied by a responsible adult.
   c. A pupil may be excluded from school until a medical certificate is presented, giving proof that an infectious condition is no longer present.

D. SAMPLE FORMS

The following sample forms are related to tuberculosis screening. The sample *Letter to Parents for Obtaining Permission for a Skin Test* is taken from the Ohio Association of School Nurses' 1980 manual, and the *School Tuberculin Testing Classroom and Reactor-Associate Roster* is taken from an Ohio Department of Health form.

IMMUNIZATION

LETTER TO PARENTS FOR OBTAINING PERMISSION FOR SKIN TEST

(Use school stationery)

Due to early case finding through administering a tuberculin skin test to pupils entering our school from other countries, the number of active tuberculosis cases has been greatly reduced.

We ask your cooperation in signing and returning this form to the school nurse promptly. If you have questions, please call the school nurse at _____ .

Please check the statement that indicates your preference and sign below.

_____ I hereby request and give permission to the school nurse to administer, interpret and report a tuberculin skin test for my child.

_____ My child is not to have a tuberculin skin test due to my objection for religious or philosophical reasons.

_____ My child is not to have a tuberculin skin test due to medical reasons or has had the test within the past year. (Requires a statement from a physician.)

_____ My child has a history of a positive skin test in the past and has had chest x-rays. (Requires a statement from a physician.)

_____ _____

Pupil's Name | Address

_____ _____

Signature of Parent or Guardian | Telephone

IMMUNIZATION

SCHOOL TUBERCULIN TESTING

CLASSROOM AND REACTOR-ASSOCIATE ROSTER

Name of School _____ City _____ County _____

H.D. Code _____ Grade ___ Classroom Enrollment _____ Teacher _____

Testing Date _____ Reading Date _____ Test __ Mantoux __ Other(Spec.)_____

* Column 4 - Induration (MM) - Enter and Induration read IMM or more
- Enter NO - for no Induration

A positive Mantoux test is MM or more Induration

CLASSROOM ROSTER					POSITIVE REACTOR-ASSOCIATE ROSTER		
NAME-ALPHABETICALLY (Last, First, Mid. I)	(1) TESTED	(2) NOT TESTED	(3) NOT READ	(4) INDUR-ATION (MM)	TUBERCULIN TEST AND FOLLOW-UP REPORT NO.	NAME OF POSITIVE REACTOR AND ASSOC.	RELATION TO POSITIVE REACTOR

ODH (12/67) 5053.09

E. RELATED INFORMATION

The following *Communicable and Nuisance Disease Information* charts are taken from the Ohio Association of School Nurses' 1980 manual.

COMMUNICABLE AND NUISANCE DISEASE INFORMATION

Disease	Common Symptoms	Method of Spread	Control
Chicken pox (Varicella)	Slight fever; skin eruptions of small blisters which scab. May be in the stages of pimple, blister and scab at the same time.	Readily communicable by airborne droplet, direct contact or by articles freshly soiled by discharge from blisters or mucous membranes.	Incubation period usually 13 to 17 days. Exclude 7 days from appearance of blisters or until all lesions are dry. If high fever or severe illness, consult physician. Report to health department.
Common cold	Irritated throat, cough, watery discharge from nose and eyes, slight fever, chills, sneezing.	Readily communicable by airborne droplet, direct contact or by articles freshly soiled by discharges of nose, throat.	Exclusion encouraged during first 24 to 72 hours. If high fever, severe symptoms, consult physician.
Conjunctivitis (Pinkeye)	Redness, swelling, burning or itching of eye mucosa. May have yellow discharge and/or sensitivity to light.	Direct or indirect contact with eye discharges.	Incubation period usually 24 to 72 hours. Readily communicable in classroom. Exclude until discharge has ceased. Consult physician.
Flu	Usually abrupt onset of fever, chills, headache, sore muscles and common cold symptoms.	Same as common cold. Possibly airborne in crowded areas.	Same as common cold. Flu Immunization of children is not recommended.
Hepatitis, infectious	Usually abrupt onset with loss of appetite, fever, abdominal discomfort, nausea and fatigue. Jaundice may follow in a few days.	Person to person usually by fecal contamination.	Incubation 10 to 50 days; commonly 25 to 30. Most communicable during latter incubation period until week after jaundice appears. Consult physician. Report to health department. Gamma globulin usually given to household contacts only.

COMMUNICABLE AND NUISANCE DISEASE INFORMATION - cont'd

Disease	Common Symptoms	Method of Spread	Control
Hepatitis, serum	Inapparent onset with or without fever, vague but similar to infectious hepatitis.	Contamination from blood of infected person. Often by unclean needles or syringes.	Incubation 45 to 160 days; usually 60 to 90. Consult physician. Report to health department.
Impetigo	Blisters that develop into crusted, yellowish sores usually on face, elbows, knees.	Direct or indirect contact with lesions. Occasional asymptomatic carriers.	Exclude until released by physician or lesions healed. Screen siblings and close friends.
Measles (Rubeola)	Fever, runny eyes and nose, cough followed by blotchy, dusky-red rash. May have Koplik spots in mouth.	Direct contact or airborne and by articles freshly soiled with secretions of the nose and throat.	Incubation 10 to 14 days. Exclude at least 7 days from onset of rash. Consult physician. Report to health department. Enforce immunization requirements.
Meningitis, bacterial	Sudden onset of fever and intense headache. May have behavioral changes including irritability or sluggishness.	Varies according to organism, usually by direct contact with secretions of nose and throat of infected person.	Incubation 1 to 7 days. Consult physician. Usually antibiotics for intimate contacts. Report to health department.
Meningitis, viral, aseptic	Same as bacterial.	Varies.	Important to diagnose type of meningitis as viral is much less serious disease.
Mononucleosis	Irregular fever, malaise, sore throat, posterior cervical lymphadenopathy.	Direct contact with saliva of infected person.	Incubation 2 to 8 weeks. Consult physician. Exclude if fever, systemically ill or physician's advice.
Mumps	Usually fever followed by swelling under jaw in front of ear; one or both sides.	Usually direct contact or airborne.	Incubation 12 to 26 days. Exclude 9 days from onset or until swelling subsides. Encourage immunization.

COMMUNICABLE AND NUISANCE DISEASE INFORMATION - cont'd

Disease	Common Symptoms	Method of Spread	Control
Pediculosis Head lice	Irritation, itching of scalp; presence of tiny gray insects and/or nits (eggs), especially around nape of neck and ears.	Direct or by contact with infested article of clothing, headgear, furniture or bedding.	Louse life cycle is about 1 month; eggs hatch in 10 days, lice mature in 2 weeks. Exclude while being treated with pediculicide shampoo and all nits removed. Consult physician.
Body lice	Intense itching with vertical excoriations usually on neck and trunk. Insects may be present in seams of clothing.		
Pinworms	Anal irritation, itching.	Direct transfer of eggs from anus to mouth or indirectly from contaminated food, articles.	Life cycle requires 3 to 6 weeks. Pinworms of animal hosts not transmissible to humans. Not excluded. Consult physician.
Poison ivy, oak or sumac	Itching, burning, followed by small blisters.	Usually direct contact with plants or resins. Not transmitted by fomites.	May appear few hours to days after exposure. Usually not excluded.
Ringworm Athlete's foot	Peeling, cracking, itching and blisters of skin between and around toes.	Direct contact or from moist surfaces as shower room floors.	Not excluded except from activities involving method of spread.
Scalp	Loss of luster of hair, scaling of infected areas, patchy baldness, brittle hair shafts.	Direct contact or from contact with infected hairs; human or animal.	Exclude, consult physician. Readmit when released by physician or negative to Blacklight.
Body	Ring-like lesions usually on exposed skin; may be dry, scaling or moist and crusted. May burn, itch.	Direct contact or from contact with articles of infected person.	Exclude, consult physician. Readmit when released by physician or skin is clear. Contacts not excluded.

COMMUNICABLE AND NUISANCE DISEASE INFORMATION - cont'd

Disease	Common Symptoms	Method of Spread	Control
Rubella	Fever, malaise, rash and swollen nodes behind ears.	Direct contact or from articles soiled with respiratory secretions.	Incubation period 14 to 21 days. Exclude at least 4 days from onset of rash. Consult physician. Report to health department. Enforce immunization requirement.
Scabies	Small blisters, irritation or burrows under the skin between fingers, on arms, legs, back or abdomen. Intense itching at night.	Direct contact; readily transmitted.	May appear in days or weeks. Consult physician. Exclude until treated; itching may persist.
Strep Throat, Scarlet Fever	Usually sudden onset of fever, headache, sore throat, vomiting. If progression to scarlet fever; very red tongue, fine rash, and peeling skin.	Direct contact or by contaminated food, milk.	Incubation 1 to 3 days but may be longer. Consult physician. Readmit when released by physician. Report to health department.
Venereal Disease Gonorrhea Syphillis Herpes Simplex II	Often asymptomatic in both males and females. May have burning on urination, yellowish discharge. May include painless sore at site where organism entered body. Very painful sores on or around sex organs.	All forms by direct personal contact; sexual intercourse. (Minors may be examined and treated for V.D. without parent permission.)	Communicable for weeks to years if untreated. Consult physician and/or local health department. Not excluded unless medically recommended. Most communicable when sores are in moist stage.
Whooping Cough	Fever, cough worse at night. May cause vomiting. Characteristic whoop may develop in 2 weeks.	Airborne droplet, direct contact or articles freshly soiled with respiratory secretions.	Incubation 7 to 21 days. Exclude at least 10 days from onset. Consult physician. Report to health department. Enforce immunization.

EMERGENCY MEDICAL AUTHORIZATION

3301-35-03 Educational Resources

I. **STANDARD (D) (2)** Compliance with emergency medical authorization requirements of Section 3313.712 of the Revised Code.

A. SECTION OF THE REVISED CODE

Section 3313.712 Emergency medical authorization; form.

B. REQUIREMENTS FROM THE REVISED CODE

1. **Section 3313.712** of the Revised Code specifies the *Emergency Medical Authorization* form to be used.
2. The form must be provided to parents by October 1st and to new pupils within thirty days of entry into school.

C. CONSIDERATIONS

1. A member of the school staff should be designated as being responsible for checking to see that every pupil has an *Emergency Medical Authorization* form on file.
2. Procedures should be established for obtaining information initially, for updating information during the school year and for obtaining any additional information for each subsequent school year.
3. Home and business telephone numbers for each parent and back-up telephone numbers of persons who can reach the parents may be listed.
4. Coaches and field trip supervisors should have in their possession a copy of the *Emergency Medical Authorization* form for each participant. Bus drivers also should have access to the information.

D. REQUIRED FORM

The following *Emergency Medical Authorization* form is taken directly from the Revised Code and must be used by school districts.

EMERGENCY MEDICAL AUTHORIZATION

EMERGENCY MEDICAL AUTHORIZATION

_____
School district

_____
Student name

_____
Address

_____
Telephone

_____
School attended

Purpose — To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

Part I or Part II must be completed.

PART I (TO GRANT REQUEST)

In the event reasonable attempts to contact me at _____ (phone number) or _____ (other parent) at _____ (phone number) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

_____

_____

_____ Date | _____ Signature of parent | _____ Address

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II (REFUSAL TO CONSENT)

I do Not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

_____

_____
Date

_____
Signature of parent

_____
Address

SCREENING AND COUNSELING

3301-35-03 Educational Resources

I. **STANDARD (D) (3)** Screening procedures to identify pupils with vision and hearing problems and a program of health counseling, referral, and follow up.

A. **SECTIONS OF THE REVISED CODE**

Section 2151.281 Guardian ad litem.

Section 2151.421 Persons required to report injury or neglect; procedures on receipt of report.

Section 3313.50 Record of tests; statistical data; individual records.

Section 3313.69 Hearing and visual tests of school children; exemptions.

Section 3313.71 Health examinations of pupils and personnel.

Section 3313.711 Schools to which examination and disease requirements pertain.

Section 3313.73 Board of health to make examination; report; recommendations to parents.

Section 3709.24 Free treatment for venereal diseases.

Section 3709.241 Venereal disease treatment consent by minor.

Section 3719.012 Consent of minor to diagnosis and treatment of drug related conditions.

B. **REQUIREMENTS FROM THE REVISED CODE**

1. Child abuse or neglect must be reported to the county children's services agency.
2. Boards of education are to keep accurate records of tests to determine vision and hearing problems.
3. The results of screening tests may be used to make referrals to other agencies.
4. Methods of testing and testing devices used shall be approved by the Ohio Department of Health.
5. Any pupil may be exempted from dental inspections, hearing tests, or vision tests upon presentation of a certificate of examination within the past 12 months by a licensed dentist, physician or optometrist.
6. The local board of health is authorized to conduct health examinations.
7. Minors may give consent for the diagnosis and treatment of a condition caused by drug abuse or venereal disease.
8. The local board of health has jurisdiction for enforcing regulations related to venereal diseases and may provide free treatment.

SCREENING AND COUNSELING

C. CONSIDERATIONS RELATED TO SCREENING

1. General Considerations.
   a. The number of "routine" health screenings and assessments may be limited by the amount of staff time or contract services available. Emphasis on teacher observation and referral is critical to the screening process.
   b. Registration of pupils who will enter school for the first time could be done in late spring. This allows registration, health assessments, parent conferences and any orientation to be accomplished at a time when the pupil and parent may receive more individual attention.
   c. Normal health assessment results as well as potential problems should be communicated to parents. Such communication should not imply that health screening replaces regular health care.
   d. Planning for health assessments should also include time for rescreening of pupils with suspected problems and provide for adequate referral and follow up.
   e. Physical examinations are mandated as part of the evaluation for many special education programs. Through screening activities, suspected handicapped pupils may be referred for further evaluation.
   f. Screening results should be recorded on the health record.
2. Considerations Regarding Vision and Hearing Screening.
   a. The health assessment schedule of screening for vision and hearing problems should follow current recommendations by the Ohio Department of Health.
   b. The Ohio Department of Health recommends screening for visual acuity, eye muscle balance, color perception and for determining the need for evaluation by an eye doctor at grades K, 1, 3, 5, 7, and 9; upon referral by the teacher; and for all new pupils.
   c. The Ohio Department of Health recommends screening for hearing acuity and for determining whether the hearing threshold is less than normal in grades K, 1, 3, 6, and 9; upon referral by the teacher; and for all new pupils.

SCREENING AND COUNSELING

3. Considerations Regarding Additional Screening
   a. According to the Ohio Postural Screening Program Committee, postural screening for scoliosis and other spinal problems is recommended for pupils in grades 6 through 9. Physical education teachers can often assist with postural screening.
   b. Other common screenings include:
      (1) Height and weight.
      (2) Blood pressure for high school pupils.
      (3) Dental.
      (4) Physical fitness.
      (5) The teaching of breast cancer self-examination techniques to high school girls.
      (6) The teaching of testicular cancer self-examination techniques to high school boys.
   c. Screening should be done in relation to developmental stages in life such as before the pupil starts to school, before puberty, and after puberty.
   d. A school policy should detail the medical screening required of pupils who wish to participate in an interscholastic athletic program. The policy should follow the recommendations of the Ohio High School Athletic Association.

D. CONSIDERATIONS RELATED TO HEALTH COUNSELING

1. General Considerations Regarding Counseling.
   a. The purpose of health counseling, referral, and follow up is to provide guidance to pupils and parents in obtaining health care for the pupil and assisting school personnel in providing appropriate school adjustments. These terms are defined by the Ohio Association of School Nurses as follows:
      - *Health Counseling* is a process of interpreting the nature and significance of a health problem to assist the pupil and parent to assume responsibility of obtaining health care.
      - *Referral* is a process of interpreting the health care resources available and prompting appropriate contact with the agency or health care provider.
      - *Follow up* refers to communication with the parents and other individuals to determine that the pupil received professional health care.

b. Pupils of all ages should be helped to understand the nature and significance of their health care needs to develop personal responsibilities as a health care consumer.

c. Some health concerns require personal contact with the parent or guardian. Health counseling by means of notes sent home with the pupil is not recommended and should be used only when direct contact is not feasible.

d. Some educators have developed a team approach to health counseling using multidisciplinary conferences which may include the principal, counselor, psychologist, visiting teacher, classroom teacher, and school nurse. Conferences can be scheduled periodically to share knowledge and expertise for the purpose of helping the pupil. A pupil experiencing academic or social difficulty may have family or personal health problems as well.

e. According to related **Rule 3301-35-03 (C)(2)** of the Minimum Standards for Elementary and Secondary Schools, "Facilities shall be available to support the work of certificated staff and shall include work space, filing facilities, access to a telphone, and access to a room for private conferences."

2. Considerations Regarding Referral and Follow-Up.

a. School policies should be developed regarding referral of pupils to health care providers within the community.

b. Policy decisions should be made by school officials. The basis for policy decisions should be cooperatively developed by the school administrator, nurse, local medical and dental societies, ministerial association, mental health board, and other official or voluntary agencies.

c. The primary health care providers should be the family's physician and dentist, since they are the best referring agents to other medical professionals.

d. To facilitate communication between the school and the health care provider, the use of a referral form is recommended. The form should contain space for the health care provider to indicate findings and suggest school adjustments and an authorization for release of information section to be signed by the parent. This form should be returned to the school and be filed as part of the pupil's health record.

SCREENING AND COUNSELING

e. Should the health care not be obtained, the follow up contact reinforces the need and may reveal family reasons for not consulting the physician or dentist. School personnel should know the community resources to which the family may then be referred.

3. Considerations Regarding Specialized Health Counseling.
   a. *Substance Abuse* (Drugs, Alcohol and Tobacco)
      (1) Administrative policy and procedures should address drug, alcohol and tobacco abuse situations including prevention, intervention, discipline, and community resources available to the pupil and to the family.
      (2) A prevention program can be offered by the school or in collaboration with the community.
      (3) For abusers, schools may have formal and informal communication systems for planning and coordinating in-school counseling. Persons involved may include a counselor, teacher, school nurse, school psychologist, and parents.
   b. *Child Abuse and Neglect*
      (1) In Ohio, school personnel are protected by law from civil or criminal liability when reporting suspected cases of child abuse or neglect.
      (2) The Ohio Department of Welfare, Children's Protective Services, identifies four general areas of maltreatment: physical abuse, neglect, emotional maltreatment, and sexual abuse.
      (3) There are basically three types of indicators which singly or together suggest that a pupil may be in need of help:
         (a) Physical indicators may include: bruises, burns, lacerations and abrasions, missing or loose teeth, skeletal injuries, head injuries, internal injuries, welts, or scars.
         (b) Behavioral indicators may include: difficulty in walking or sitting, reluctance to participate in physical or recreational activities, poor relationships with peers, apathy, regressive behavior, delinquency, truancy, substance abuse, interest in sexual organs, or sexual promiscuity.
         (c) Environmental indicators may include: overcrowding in the home, alcoholism, a pattern of incest in the family, or extremely apathetic or protective parents.

(4) A report may be made by telephone, in person, or in writing to the local welfare department or child services board. The report should include the following information:
   (a) Name and address of the pupil suspected of being abused or neglected.
   (b) Age of the pupil.
   (c) Name and address of the parent or caretaker of the pupil.
   (d) Name of the person suspected of abusing or neglecting the pupil.
   (e) Any other helpful information.
   (f) Name of the person making the report if the individual wishes to give his/her name. This makes it possible for the children's protective services worker to get more information if necessary, but a report may be made anonymously. The case will be investigated whether or not the name of the reporting person is given.

(5) A written policy regarding the reporting of suspected cases of child abuse or neglect should be developed.

c. *Overweight Pupils*

(1) A program emphasizing weight control can be developed as a part of courses of study in health or physical education beginning in the primary grades.

(2) The nurse and counselor can cooperate with the teacher, school food service personnel, and parents to assist overweight pupils in controlling their weight.

(3) Overweight pupils and their parents can be referred to the family physician, the local health department, or a registered dietitian for further assessment and follow up of personal needs.

d. *Dental Health Prevention Program*

(1) A program emphasizing dental health can be integrated into courses of study.

(2) The school food service program can be used as a learning laboratory in dental health.

(3) The school dental health program can be expanded by use of the supervised fluoride mouth-rinse program available through cooperation with the Division of Dental Health, Ohio Department of Health.

SCREENING AND COUNSELING

e. *Growth and Maturation*
Health counseling may include areas such as growth and maturation, reproduction, and the avoidance of venereal diseases. These and other topics may also be incorporated into the course of study.

f. *Pupil Absences for Medical Reasons*
A school policy should be developed regarding extended pupil absences for medical reasons. The policy should include a system of communication among pupils, staff, and parents.

E. SAMPLE FORMS

The following sample forms are related to vision and hearing screening, substance abuse, and prekindergarten screening. As indicated, many of the forms are available from the Ohio Department of Health.

1. Vision Screening Test Blank (Ohio Department of Health).
2. Vision Follow Up Record Form (Ohio Department of Health).
3. Vision Referral Letter (Ohio Department of Health).
4. Eye Specialist Report Form (Ohio Department of Health).
5. Hearing Screening Test Blank (Ohio Department of Health).
6. Hearing Follow Up Record Form (Ohio Department of Health).
7. Hearing Referral Letter (Ohio Department of Health).
8. Hearing Report Form (Ohio Department of Health).
9. Chemical Dependency Evaluation and Treatment Agreement.
10. Authorization for the Release of Information.
11. Prekindergarten Screening.

SCREENING AND COUNSELING

OHIO DEPARTMENT OF HEALTH

VISION SCREENING TEST BLANK

DISTANCE VISUAL ACUITY

School _____ City _____ County _____

Grade _____ Teacher _____ Tester _____

The names of children may be filled in prior to the time of testing.
To pass a line means that the child may have no misses on a line with 1 to 3 symbols, 1 miss on a line with 4 to 7 symbols, and 2 misses on a line with 8 to 11 symbols.
Testing of both eyes together is not necessary. Test children with their glasses, unless glasses are worn solely for reading or near work.

Name	Date _____ 1st screening		Date _____ 2nd screening		Symptoms	Ref.
	R	L	R	L		

3635.13

OHIO DEPARTMENT OF HEALTH

VISION FOLLOW-UP RECORD FORM

Health District _____ Date _____

The names of children being referred for an eye examination should be listed. A check mark should be placed in the appropriate column under follow-up results, upon completion of follow-up. This form is designed to assist local health departments in evaluating their vision conservation program and in organizing information needed for the annual report.

Name	Reasons for Referral							Follow-up Results:				
	1	2	3	4	5	6	7	8	9	10	11	12
	Snellen Test	Plus Lens Test	Muscle Test Near	Muscle Test Dist.	Near Acuity	Color Test	Symptoms	Normal	Glasses Obt.	Treat. Obt.	No Inform.	Case Closed

3636.13

SCREENING AND COUNSELING

VISION REFERRAL LETTER

Date _____

Dear Parent:

Your child's score in the vision screening test given in _____ school seems to indicate that a complete vision examination would be advisable. We are therefore suggesting that you take _____ (full name) to a vision specialist for a thorough vision examination.

If you are in need of further information contact your local school district or health department.

Please give the enclosed form to your vision specialist and ask him to fill it out and return it to:

_____

_____

_____

Ohio Department of Health
3844.13

SCREENING AND COUNSELING

EYE SPECIALIST REPORT FORM

Child's Name _____ Date of Referral _____

School _____ Grade _____

Reason for referral (test failed or type of symptom): _____

Visual Acuity:

With Old Glasses R _____ L _____ Both _____

Without Glasses R _____ L _____ Both _____

Summary of vision problem and diagnosis if indicated: _____

_____

Glasses prescribed: Yes _____ No _____

If yes, visual acuity with new glasses: _____

Recommendation for wearing glasses: _____

Recommendation for teacher: _____

_____

Additional treatment necessary? Yes _____ No _____

I wish to see the child again: Yes _____ No _____ When _____

Comments: _____

_____

Return form to:

_____ _____
(Specialist)

_____ _____
(Address)

_____ _____

_____
(Date)

Ohio Department of Health
3645.13

SCREENING AND COUNSELING

OHIO DEPARTMENT OF HEALTH
HEARING SCREENING TEST BLANK

School _____ City _____ County _____

Grade _____ Teacher _____ Room _____ Tester _____

The names of the pupils may be filled in prior to the day of testing.

The tester screening the children and using the ANSI standards will screen the frequencies 1000, 2000 Hz at 20dB and 4000 Hz at 25 dB. The volume must not be raised to accommodate room noise. Testing under these conditions is unreliable and a quieter environment must be found.

If the child responds to all frequencies at the specified loudness levels, the technician should write (P) for pass under R and L (right and left ears). If the child fails to respond to any frequency at the specified loudness levels, an (F) for fail should be placed under either or both R and L, whichever applies.

Those children failing the test on the first screening should be given a second screening in about two weeks. If the child again fails to respond to any frequency, the tester should make a check mark in column 8 indicating the child should be given a threshold test in approximately two weeks. Both ears should be tested always.

1	2	3	4		5	6		7	8
NO.	NAME OF STUDENT (List alphabetically)	ABSENT	FIRST SCREENING		DATE	SECOND SCREENING		DATE	REFERRED FOR THRESHOLD TEST *
			R	L		R	L		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									

* The threshold test should be recorded on an individual audiogram.

OVER

Ohio Department of Health
3673.13

SCREENING AND COUNSELING

OHIO DEPARTMENT OF HEALTH

HEARING FOLLOW-UP RECORD FORM

HEALTH or SCHOOL DISTRICT _____ DATE _____

The names of children failing the hearing test should be listed. A check mark should be placed in Column 3 or 4, status of case; 5 and or 6, type of referral; and in the appropriate columns under follow-up results. *(This form is designed to help local health departments and schools in evaluating their hearing conservation program.)*

1. NO.	2. NAME	STATUS OF CASE		TYPE OF REFERRAL		FOLLOW-UP RESULTS					
		3. NEW CASE	4. PREVIOUSLY KNOWN CASE	5. MED.	6. ED.	7. NO MEDICAL FIND.	8. TREATMENT OBTAINED	9. EDUC. OR REHAB. SERV. OBTAINED	10. NO INFORMATION	11. FURTHER ACTION	12. CASE CLOSED

3625.13

BEST COPY AVAILABLE

SCREENING AND COUNSELING

HEARING REFERRAL LETTER

Date .....

Dear Parent:

Your child's score in the hearing screening test given in .....

..... school seems to indicate that an ear, nose and throat examination would be advisable. We are, therefore, suggesting that you take

.....
(FULL NAME)

to your doctor for an examination.

Please give the enclosed form to your doctor and ask him to fill it out and return it to:

.....

.....

.....

OHIO DEPARTMENT OF HEALTH
MCH-222
3826.13

SCREENING AND COUNSELING

HEARING REPORT FORM

Child's Name _____ Date _____

School _____ Grade _____

Was treatment for the hearing problem necessary for this child? Yes ____ No ____

Did you initiate this treatment? Yes ____ No ____

Do you wish to see this child again? Yes ____ No ____ When _____

Summary of hearing problem and diagnosis if indicated: _____

_____

_____

_____

Recommendations for parents or schools (preferential seating, speech and hearing therapy, avoid swimming, etc.):

_____

_____

_____

This child will be retested periodically. Would you like a copy of the audiogram sent to you? Yes ____ No ____

When _____

Comments: _____

_____

_____

_____

Return to:

_____

_____

_____

Signed by:

_____ M.D.

_____ Address

_____ Date

Ohio Department of Health
MCH 223
3641 14

SCREENING AND COUNSELING

CHEMICAL DEPENDENCY EVALUATION/TREATMENT AGREEMENT

(Disciplinary Reduction)

I understand my son/daughter is to be suspended due to a drug or alcohol related incident. I agree to apply for evaluation and or treatment for possible drug/alcohol use/abuse. A list of agencies providing these services is available in the principal's office.

I understand that there will be a reduction in the suspension if he/she follows through with this agreement. Failure to do so will result in full suspension implementation.

I also agree to sign a release of information form so that the agency will be permitted to inform the school of the program toward evaluation, treatment and/or recovery.

Pupil's Name	Date	Parent/Guardian Signature	Date

Date Received by Building Administrator

Adapted from Columbus City Schools, Columbus, Ohio.

SCREENING AND COUNSELING

AUTHORIZATION FOR THE RELEASE OF INFORMATION

TO: _____
(School)

FROM: _____
(Agency)

DATE: _____

_____ (Parent/Guardian Name) has granted permission to release information as necessary regarding the evaluation and treatment of _____ (Pupil's Name).

This consent to disclose may be revoked by me at any time. Such notice of revocation will be submitted in writing and will apply to all releases of information after the date of receipt of such notice.

_____ _____
Signature of Parent/Guardian Date

Note to Agency: Send information requested to the following address:

_____ _____
Building Administrator School

_____
Street City State Zip

Note: To assure a reduction in a disciplinary action, the agency must contact the building principal in writing to indicate that the pupil is willing to comply with the treatment options offered.

Adapted from Columbus City Schools, Columbus, Ohio

SCREENING AND COUNSELING

PREKINDERGARTEN SCREENING

Name of Child: _____

Date: _____ Date of Birth: _____

The information requested on this form is needed to plan adequately for the needs of your child.

FAMILY HISTORY

Please circle any of the following diseases which parents, grandparents, aunts, uncles, brothers and sisters have had:

Allergies	Asthma	Anemia	High Blood Pressure
Diabetes	Epilepsy	Seizures	
Heart Disease	Kidney Disease	Tuberculosis	
Blindness	Deafness	Cancer	
Mental Retardation	Hemophelia (Bleeder)	Other _____	

BIRTH AND PRENATAL HISTORY

In what month of the pregnancy was prenatal care started with this child? _____.

Were there any complications during this pregnancy?

____ Rubella (3 day measles)	____ Bleeding	____ Medications
____ Kidney infection	____ Swelling	____ Operations
____ Vaginal infection	____ High Blood Pressure	____ Other

Were you on vitamins? _____ Any other medications? _____

Were there any complications during labor and delivery? _____

Height _____ Weight _____ of the baby.

Was the baby born head first? _____

Did the baby have:

____ Breathing problems	____ Jaundice (yellow skin)	____ In incubator
____ Cyanosis (blue color skin)		

Comments: _____

_____ 39

SCREENING AND COUNSELING

MEDICAL HISTORY

Has your child ever had:

____ Measles (Rubeola)
____ Rubella (3 day measles)
____ Chicken Pox
____ Whooping Cough
____ Allergies
____ Poisoning
____ Scarlet Fever
____ Rheumatic fever
____ Asthma
____ Mumps
____ Broken Bone
____ Pneumonia
____ Seizures
____ Meningitis
____ Head Injury
____ Operation

Comments: _____

BEHAVIOR

Does your child make friends easily? _____
Does your child have any of the following behavior traits?

____ Nightmares
____ Temper Tantrums
____ Thumb Sucking
____ Stuttering
____ Discipline Problem
____ Toilet Training Problem

	SATISFACTORY	OTHER
VISION		
SOCIAL		
READINESS		
HEARING		
MOTOR DEVELOPMENT		
ACADEMIC SKILLS		
SPEECH		

COMMENTS: _____

NAME OF PERSON PERFORMING SCREENING: _____

Adapted from Jonathan Alder Local Schools, Plain City, Ohio and Logan-Hocking City Schools, Logan, Ohio

SCREENING AND COUNSELING

F. RELATED INFORMATION

The following health assessment procedures related to vision and hearing screening are taken from the Ohio Association of School Nurses' 1980 manual.

HEALTH ASSESSMENT PROCEDURES

VISION

Objectives	Methods	Equipment	Referral Criteria	Notes
To measure visual acuity, eye muscle balance, color perception and determine need for evaluation by eye doctor.	Methods are observation, distance acuity screening by Snellen or other device, eye muscle balance screening by such tests as cover-uncover, and color perception by Isihara or equivalent. Some authorities recommend use of 2+ sphere glasses to screen pupils with symptoms of visual difficulty.	Varies according to method. Consult the Ohio Department of Health.	Refer any age pupil with distance acuity of 20/40 or less in one or both eyes. Refer if persistent symptoms of visual difficulty, headache or nausea following periods of close work, frequent sties or other eye infections, obvious pathology or dysfunction of eye structures. Referral for vision exam is often for the purpose of determining that the pupil's vision is normal, rather than discovery of a visual problem. Color perception difficulty is usually not referred as there is no treatment.	Instruction in vision screening techniques is recommended and available from the Ohio Department of Health at no cost. Snellen is considered the most reliable screening method at lowest cost. More expensive screening devices are available that do not require a twenty-foot distance. Young children with difficulty learning colors are often referred by the teacher to determine if the pupil is "colorblind." Initial screening, consisting of distance acuity, muscle balance and color perception, should be accomplished as soon as possible after the child enrolls in school with emphasis on young children. Myopia is the most common problem found in older pupils.

SCREENING AND COUNSELING

HEALTH ASSESSMENT PROCEDURES

HEARING

Objectives	Methods	Equipment	Referral Criteria	Notes
To determine hearing acuity.	Explain audiometric screening procedure and ask pupil to indicate when tone is heard. Present tones, each ear in the following manner: 1000 Hz - 20 db 2000 Hz - 20 db 4000 Hz - 25 db	Audiometer, quiet area.	Refer only after pupil has failed acuity screening, rescreening and threshold has been determined. Refer all pupils with frequent symptoms of ear pathology regardless of screening results.	Hearing screening should be learned by demonstration. Ohio Department of Health, Communicative and Sensory Disorders Unit provides training at no cost. Hearing screening may be a cooperative effort with the speech and hearing personnel in the school.
To determine hearing threshold when acuity is less than normal.		Audiogram forms.	**	Referral policy for hearing screening is a local decision. Rescreen following year if threshold between 30 db and 50 db at 4000 Hz. Refer if loss is more severe or spreading to other frequencies. A medical evaluation should be part of a hearing referral to determine if hearing difficulty is due to pathology or obstruction.

**Referral criteria are available from the Ohio Department of Health.

EMERGENCY PROCEDURES

3301-35-03 Educational Resources

I. **STANDARD (D) (4)** Procedures for emergency situations including fire drills, rapid dismissals, and tornado drills in accordance with Section 3737.73 of the Revised Code.

STANDARD (D) (5) Records of monthly fire drills or rapid dismissals and records of tornado drills.

STANDARD (D) (6) Emergency procedures posted in classroom and available to parents, pupils, and school personnel.

STANDARD (D) (7) Emergency telephone numbers posted by each telephone.

A. **SECTIONS OF THE REVISED CODE AND ADMINISTRATIVE RULES**

Section 3737.73 Instruct pupils in fire drills and tornado safety precautions.

Rule 1301:7-5-14 Tornado shelters in schools (State Fire Marshal).

B. **REQUIREMENTS REGARDING FIRE AND TORNADO DRILLS FROM THE REVISED CODE AND ADMINISTRATIVE RULES**

1. According to related **Rule 3301-35-03 (C) (3) (a)** of the Minimum Standards for Elementary and Secondary Schools, "School facilities and grounds shall be well-maintained, free from hazards, and in compliance with fire and safety laws and regulations as evidenced by reports of annual school fire inspections as conducted by the appropriate local authority."
2. Fire drills must be held at least once a month so that pupils are taught to leave the building in a safe and efficient manner in an emergency.
3. Employees should be charged with the responsibility of keeping the doors and exits of a building unlocked during school hours.
4. In compliance with state, city, and local fire regulations, smoking in any building or on school property should be permitted only in areas designated by the building principal and approved by local fire officials.
5. The tornado alarm is to be distinguishable from the fire alarm.
6. The designation of a tornado shelter within the building should be based on an evaluation of the building construction and the configuration of the building.
7. The designated tornado shelter for modular classroom facilities should be within a permanent structure.

8. Monthly tornado drills during the tornado season (April-July) will reinforce safety procedures.
9. A supply of first aid materials will make it possible to render aid in an emergency.

C. GENERAL CONSIDERATIONS REGARDING FIRE AND TORNADO DRILLS

1. Policies and procedures should be written and communicated to staff, pupils, and parents regarding what action is to be taken during a fire or tornado emergency including:
   a. The assignment of specific responsibilities to all school personnel and pupils in case of fire or tornado.
   b. A plan of evacuation for fire and for moving to a designated shelter for tornado.
   c. The designated shelter areas for all personnel and pupils following tornado warnings.
   d. An alarm system for fire, a separate signal for tornado, and an auxiliary alarm system.
   e. A system for communicating the alarm between buildings if no municipal system is in place for tornado warnings.
   f. Provision for taking roll to assure that all pupils are accounted for.

D. SPECIFIC FIRE PROCEDURES AND CONSIDERATIONS

1. The principal should conduct periodic inspections to maintain a physical facility that is free from fire hazards and in compliance with state and local fire regulations.
2. The principal shall establish primary and alternative evacuation plans for all persons in the school. The evacuations should be practiced on a monthly basis by conducting both planned and spontaneous fire drills.
3. All alarms and actual fires should be reported *first* to the local fire department and then to the central office of the school district.
4. The local fire department inspection report should be filed in the principal's office and used by the board of education to make changes in policy, procedures, or facilities.
5. The principal should follow the fire drill instructions from the State Fire Marshal's office and maintain records of fire drills on the *Fire Drill Instructions* report form.

EMERGENCY PROCEDURES

E. SPECIFIC TORNADO PROCEDURES AND CONSIDERATIONS

1. Definitions:
   a. A tornado watch is declared when weather conditions indicate that tornadoes could develop.
   b. A tornado warning is issued when a tornado has been sighted.
2. When a tornado warning is in effect or if a tornado cloud is sighted, school should not be dismissed until the warning is lifted.
3. Monthly tornado drills must be conducted during the tornado season (April-July).
4. Procedures:
   a. The principal should be responsible for maintaining records of tornado drills including the month, date, hour and longest time required for all pupils to reach shelter.
   b. Procedures should include directions for pupils in the building, on school grounds, and on a bus when a tornado watch or warning is announced.
      (1) The in-school procedures for shelter if a tornado warning is issued should address:
         (a) Auxiliary equipment to insure a secondary means of lighting and communicating in case of power failure.
         (b) Alternative safety procedures in case there is insufficient time to reach the shelter area.
         (c) First aid kits must be available in or near the tornado shelter.
      (2) The procedures for the safety of pupils on a bus should address:
         (a) Pupils should not board buses during a tornado warning.
         (b) Alternative buildings could be designated as tornado shelters.
         (c) If an alternative building is not available, shelter can be taken in a ditch or ravine.
         (d) Following the all-clear signal, the bus route can be resumed.

EMERGENCY PROCEDURES

F. GENERAL CONSIDERATIONS REGARDING COMMUNICATIONS DURING AN EMERGENCY

1. There should be ready access to the telephone numbers of the municipal departments providing services to each building.
2. Emergency telephone numbers should be attached permanently to the telephone or to the wall nearest the phone.
3. Emergency telephone numbers to be posted could include an emergency squad or medic unit, hospital emergency room, poison control center, local health department, fire department, police department, sheriff, or state highway patrol.
4. A staff member should be given the responsibility of making regular checks to see that the appropriate telephone numbers are current and posted.
5. Evacuation procedures should be posted inside the door of each classroom or activity room.
6. Pupils and parents should have access to the emergency procedures.

G. CONSIDERATIONS REGARDING OTHER EMERGENCIES

1. Policies and procedures should be written and communicated to staff, pupils and parents regarding the school plan to be followed in case of adverse weather or other emergencies including:
   a. A system of communication which will be used to inform parents if there is any change in the school schedule.
   b. The principal should be responsible for coordinating the emergency program within the building during any crisis.
   c. Assistance from community agencies should be requested as needed by the school superintendent or the designated administrative official.
2. Information related to safety, adverse weather, and emergency situations can be included in courses of study.

H. SAMPLE FORMS

The *Fire Drill Instructions* from the State of Ohio, Division of State Fire Marshal follow.

EMERGENCY PROCEDURES

STATE OF OHIO
Department of Commerce
Division of State Fire Marshal
8895 East Main Street Reynoldsburg, Ohio 43068

FIRE DRILL INSTRUCTIONS

FIRE DRILL RECORD OF _____ SCHOOL
(Name of School)

WHEN FIRE STRIKES _____ GET EVERYONE OUT _____ CALL THE FIRE DEPARTMENT

FIRE DRILL INSTRUCTIONS

1. Purpose: to develop prompt and orderly evacuation procedure.
2. There are no substitutes for fire drills. *Ohio law requires at least one drill be held monthly.
3. Absolute control of exit drills is essential. Partial compliance will reduce the effectiveness - everyone must leave the building during a drill.
4. The evacuation program must be carefully planned and posted for all to see.
5. The principal, or person in charge of the school, shall be responsible and in charge of all drills.
6. Monitors from each class shall be appointed to assist teachers in carrying out all drills.
7. Drills shall be held monthly.
8. Alternate escape routes shall be planned - a main exit shall be blocked during each drill - alternate escape route shall be used.
9. Fire alarms must be sounded continuously until everyone is out of the building. Never use coded signal.
10. Exits must be kept clear at all times - never chain or lock exit doors.
11. Never inform teachers or students of planned drills.

RECORD ALL DRILLS AND ALARMS

Month	Date	Hour	Time
Sept.			
Oct.			
Nov.			
Dec.			
Jan..			
Feb.			
Mar.			
April			
May			
June			

AT THE SOUND OF THE FIRE BELL:

a - Regularly assigned pupils shall turn off electric motors, torches, lab equipment, gas stoves, etc.
b - Teachers shall take charge - signal children to rise and supervise their evacuation.
c - Make sure all crippled children are assisted.
d - Monitors shall check wash rooms, locker rooms, etc. to make sure everyone is out.
e - Teachers shall have a roll call as soon as the class is outside the building.
f - Monitors shall report to the principal as soon as each room has been completely evacuated and everyone is accounted for.
g - When the principal is sure that everyone is out of the building he may give instructions for returning to the building.

***Section 3737.73 - Revised Code of Ohio. Prohibition against failure to instruction in fire drills.**

No principal or person in charge of a public or private school or educational institution having an average daily attendance of fifty or more pupils, and no person in charge of any children's home or orphanage housing twenty or more minor persons, shall willfully neglect to instruct and train such children by means of drills or rapid dismissals at least once a month while such school, institution, or children's home is in operation, so that such children in a sudden emergency may leave the building in the shortest possible time without confusion. In the case of schools, no such person shall willfully neglect to keep the doors and exits of such building unlocked during school hours. The Fire Marshal may order the immediate installation of necessary fire gongs or signals in such schools, institutions, or children's homes and enforce this section.

Section 3737.99 - Revised Code of Ohio. Penalties.

***(E) Whoever violates Section 3737.73 of the Revised Code shall be fined not less than five nor more than twenty dollars.

FM/FPB 222-79

SUPERVISION

3301-35-03 Educational Resources

I. **STANDARD (D)(8)** Supervision of school grounds, play areas, and other facilities when scheduled for pupil use.

A. **SECTION OF THE REVISED CODE**
Section 3313.643 Eye protective devices.

B. **REQUIREMENT FROM THE REVISED CODE**

1. Pupils and teachers shall wear industrial quality eye protective devices at all times while observing or participating in laboratory courses which may present hazards to the eyes.

C. **CONSIDERATIONS**

1. The purpose of supervision is to maintain order and to contribute to the health, safety, and well-being of all individuals.
2. Written policies and procedures should cover supervision of activities in school facilities, on school grounds and on trips taken away from the home school. Policies and procedures should include recess, mealtime, bus transportation, athletic practice and contests, after school activities, and field trips.
3. Procedures should include the use of an accident report form such as the *School Accident Report Form* available from the Ohio Department of Health. Information recorded should include a description of the accident, the nature of the injury, contributing causes, post-accident information, statements of witnesses, and action taken to prevent a similar accident.
4. Adequate supervision should be provided for all pupil activities.
5. Volunteers should be supervised by a certificated school employee.
6. Group liability insurance policies can be obtained for all volunteers.
7. Detailed records of all accidents should be kept at least until the pupils reach the age of majority.
8. According to the U.S. Consumer Product Safety Commission, most playground equipment should not be installed over hard surfaces such as concrete, blacktop, or cinders. The potential hazard of erecting equipment over hard surfaces can be avoided through the use of materials such as wood chips or shredded tires. Landing pits should be refilled as needed, kept free of debris, and kept resilient, level, and loose. Providing a safer place to fall can reduce the severity of injuries and lessen the likelihood of liability for pupil injuries.

SUPERVISION

D. SAMPLE FORM

A sample *School Accident Report Form* from the Ohio Department of Health follows.

SCHOOL ACCIDENT REPORT FORM

GENERAL INFORMATION

I. School _____ ENROLLMENT

☐ City ☐ Exempted Village ☐ Local (County) ☐ Parochial

Male _____

Female _____

Mailing address _____ Total _____

A. Name _____ B. Grade _____ C. Age _____
Last First Middle Initial

B. Sex - Male ☐ Female ☐

ACCIDENT INFORMATION

II. A. Time of Accident _____ A.M. _____ P.M. Date _____

B. Supervised Activity? Yes ☐ No ☐ C. If yes, person in charge _____

D. NATURE OF INJURY

(May be completed after medical examination)

1. ☐ Abrasion
2. ☐ Bruise
3. ☐ Burn
4. ☐ Concussion
5. ☐ Cut
6. ☐ Dislocation
7. ☐ Fracture
8. ☐ Laceration
9. ☐ Puncture
10. ☐ Sprain
11. ☐ Strain
12. Other _____

E. PART OF BODY INJURED

I. Head	II. Trunk	III. Arms	IV. Legs
1. ☐ Scalp	1. ☐ Chest	1. ☐ Shoulder	1. ☐ Hip
2. ☐ Back	2. ☐ Abdomen	2. ☐ Upper Arm	2. ☐ Upper Leg
3. ☐ Front	3. ☐ Back	3. ☐ Elbow	3. ☐ Knee
4. ☐ Eyes		4. ☐ Lower Arm	4. ☐ Lower Leg
5. ☐ Ear		5. ☐ Hand	5. ☐ Foot
6. ☐ Nose		6. ☐ Fingers	6. ☐ Toes
7. ☐ Mouth			
8. ☐ Tooth			
9. ☐ Neck			

F. KIND OF ACCIDENT (check one only)

1. ☐ Animal bite or insect bite
2. ☐ Collision with student (Bump, etc.)
3. ☐ Contact with hot or toxic substance
4. ☐ Fall or slip
5. ☐ Fighting
6. ☐ Struck by auto, bike, etc.
7. ☐ Struck by object (swing, etc.)
8. ☐ Student collided with object (Door, etc.)
9. ☐ Other _____

G. WHERE ACCIDENT HAPPENED (check one only)

1. ☐ Athletic Field
2. ☐ Cafeteria
3. ☐ Classroom
4. ☐ Gym
5. ☐ Hallway
6. ☐ Playground
7. ☐ Restroom
8. ☐ School bus
9. ☐ Stairway
10. ☐ To or from school
11. ☐ Vocational Shops and Labs.
12. ☐ Other _____

CONTRIBUTING CAUSES

A. ENVIRONMENTAL FACTORS (check one only)

1. ☐ Crowding
2. ☐ Doors
3. ☐ Drinking fountain
4. ☐ Equipment
5. ☐ Floors
6. ☐ Hard surface
7. ☐ Lighting
8. ☐ No handrail
9. ☐ Weather
10. ☐ Other

B. HUMAN FACTORS (check one only)

1. ☐ Active game
2. ☐ Fatigue
3. ☐ Fighting
4. ☐ Horseplay
5. ☐ Lack of training or experience
6. ☐ Preoccupation
7. ☐ Running
8. ☐ Violation of rules
9. ☐ Other _____

C. AGENTS (check one only)

1. ☐ Animal or insect
2. ☐ Electricity
3. ☐ Fire
4. ☐ Gases
5. ☐ Liquids
6. ☐ Recreation equipment
7. ☐ Pencil
8. ☐ School equipment
9. ☐ Solids
10. ☐ Student
11. ☐ Vehicle
12. ☐ Other _____

BEST COPY AVAILABLE

BEST COPY AVAILABLE

SUPERVISION

(Continued)

ACCIDENT DESCRIPTION

IV.

Describe the accident in your own words. (Please give all details so that this accident report may be used to prevent other similar accidents.)

POST ACCIDENT INFORMATION

V.

A. Was first aid given? Yes ☐ No ☐ By whom _____

B. Was parent or other responsible person notified? Yes ☐ No ☐ By whom _____ Time _____

If no, explain _____

C. Does health record indicate tetanus immunization ___rently effective? Yes ☐ No ☐

D. Was injured sent home? Yes ☐ No ☐ If yes, was he accompanied? Yes ☐ No ☐

E. Was injured sent to physician? Yes ☐ No ☐ Name of physician _____

F. Was injured sent to hospital emergency room? Yes ☐ No ☐ Name of hospital _____

G. Days absent from school or work _____

ACTION TAKEN TO PREVENT SIMILAR ACCIDENT

VI.

I. INSTRUCTIONAL

1. ☐ Discussed at staff meeting
2. ☐ Discussed in each class as part of regular instruction
3. ☐ Discussed with parent
4. ☐ Personal instruction given to injured
5. ☐ Personal instruction given to person in charge
6. ☐ Presented as a subject of assembly program

II. POLICY OR CORRECTIVE ACTION

1. ☐ Environmental changes affected
2. ☐ Notified school safety committee
3. ☐ Safety rules amended to prevent recurrence
4. ☐ Safety specialist invited to school to assist in safety program
5. ☐ Suggest closer supervision

III. OTHER

1. ☐ No action taken

VII.

Signed _____ Title _____

Teacher _____

Other Witnesses _____

_____

Ohio Department of Health, Accident Prevention Unit
4966.32 Rev. 8/73

FIRST AID FACILITIES AND MATERIALS

3301-35-03 Educational Resources

I. **STANDARD (D)(9)** First aid facilities and materials.

A. **SECTION OF THE REVISED CODE**
Section 2305.23 Liability for emergency care (Good Samaritan Statute).

B. **REQUIREMENTS FROM THE REVISED CODE**
1. School personnel have the authority to provide emergency care to sick or injured pupils.
2. No person shall be liable in civil damages for administering emergency care or treatment at the scene of an emergency for acts performed at the scene of such emergency unless such acts constitute willful or wanton misconduct or are rendered for remuneration.

C. **CONSIDERATIONS REGARDING FIRST AID FACILITIES AND MATERIALS**
1. The primary responsibility of school personnel is to exercise sound judgment in assisting pupils and their parents in utilizing appropriate health care resources. In communities with adequate emergency services and hospitals, schools may not need to provide extensive facilities and equipment to care for pupils who become ill or injured. Communities with fewer available emergency services may need to provide more extensive preparation and equipment to meet the needs of ill and injured pupils. Recommendations for policies on the care of illness and injury occurring at school should be formulated by representatives of the schools, local medical and dental societies, emergency services, hospitals and parent groups.
2. According to related **Rule 3301-35-03 (C) (2)** of the Minimum Standards for Elementary and Secondary Schools:
   a. "First aid facilities and space for temporary placement or isolation of injured or ill pupils shall be provided."
   b. "Facilities shall be available to support the work of certificated staff and shall include work space, filing facilities, access to a telephone, and access to a room for private conferences."
3. The Ohio Association of School Nurses suggests that the first aid room should have quiet for hearing screening, twenty feet of distance for vision screening, light, ventilation, toilet and hand washing facilities, locked storage facilities, and electrical outlets.

FIRST AID FACILITIES AND MATERIALS

4. Typical first aid supplies as listed in the Ohio Association of School Nurses' 1980 manual include bandage scissors, splinter forceps, penlight, plastic bags for ice packs, thermometers, tongue blades, sterile gauze squares, cling roller bandages, adhesive tape, isopropyl alcohol, aromatic spirits of ammonia, adhesive bandages, eye pads, cotton balls, cotton swabs, and a wound cleaner.

D. CONSIDERATIONS REGARDING FIRST AID PROCEDURES

1. Each school is responsible for providing emergency care for pupils who have accidents or who become ill; however, the school is not responsible for further care. Responsibility for treatment is assumed by parents and the family physician. The school should inform parents about illnesses and injuries that occur during school hours.
2. It is generally recommended that all personnel responsible for the care of pupils be familiar with first aid principles.
3. School policies and procedures for caring for ill or injured pupils should be posted in the first aid room. Policies should designate the person responsible for first aid care and for pupils resting in the first aid room.
4. A first aid room log should be used for recording the following information: name of pupil, date, name of school personnel giving care, time the pupil arrived, pupil's complaint, treatment given, whether the parent was called, whether a note was sent to the parent, whether referral was made to a health care provider, time the pupil left the first aid room, and whether the incident was recorded in the pupil's health record.
5. In case of an emergency which requires immediate medical attention, emergency medical services and the parent should be called. The emergency medical services staff will determine if the pupil should be transported to an emergency room. The completed *Emergency Medical Authorization* form should be taken with the pupil to the emergency room. In case of accidents in which further attention is not needed, the parent should be notified and the pupil taken home, if necessary.
6. It is important to have both the business and home telephone numbers of parents on file. The *Emergency Medical Authorization* form must be available.

FIRST AID FACILITIES AND MATERIALS

7. Aides or volunteers serving in the first aid room should function as monitors or helpers and should not diagnose, counsel, or treat pupils or parents.
8. Confidentiality of information of any personal nature should be maintained.
9. If transportation of pupils to home or a health care facility is considered a function of school personnel, proper liability and automobile insurance are necessary.

E. SAMPLE FORMS

The following forms are related to first aid in the school setting.

FIRST AID LOG

PUPIL NAME	DATE	TIME IN	TIME OUT	COMPLAINT	TREATMENT	PARENT CALLED	NOTE SENT HOME	REFERRAL	RECORDED IN HEALTH RECORD	STAFF INITIALS

FIRST AID FACILITIES AND MATERIALS

LETTER TO PARENTS REGARDING FIRST AID

Dear _____ : Date: _____

Time: _____

_____ was seen in the school clinic today and was given emergency treatment only. This treatment is not intended to be a substitute for complete medical care. It is important that you use your own judgment in determining whether you contact your family doctor and/or have your child examined in the emergency room if your child's illness persists or injury warrants further care.

Injury/Illness: _____

Treatment Given: _____

Suggestions: _____

(Name of School Nurse or Principal)

Adapted from Berkshire Local Schools, Burton, Ohio

ADDITIONAL CONSIDERATIONS

ADDITIONAL CONSIDERATIONS REGARDING SCHOOL HEALTH SERVICES

The following topics, school health personnel, health records, medication policies, and pupil pregnancy, have been included in this document because they are important in the development of a quality school health services program.

I. ADDITIONAL SECTIONS OF THE REVISED CODE AND ADMINISTRATIVE RULES

Section 3313.68 Employment of medical personnel; delegation of duties to board of health.

Section 3313.70 Member of board cannot be school physician, dentist, or nurse.

Section 3313.72 Contract with health districts for services of physician, dentist, or nurse.

Section 3319.22 Grades and types of teaching certificates.

Section 3319.221 School nurse certificate granted to nurse employed on January 1, 1973.

Section 3319.32 Records to be kept by superintendents and teachers of all schools; reports.

Section 3701.13 Powers of departments.

Section 3707.03 Correction of nuisance or unsanitary conditions on school property.

Section 3709.22 Duties of board of city or general health district.

Section 4723.06 Practice of professional nursing defined.

II. REQUIREMENTS FROM THE REVISED CODE AND ADMINISTRATIVE RULES

A. Physicians, dentists, and school nurses may aid in conducting or coordinating school health programs, but are not authorized to render any medical, dental, or surgical treatment to pupils except in emergency situations.

B. No medical or surgical treatments shall be administered without written consent of parent or guardian.

C. A school district may contract for medical, dental and nursing services. A member of the local school board may not serve as the school physician, dentist or nurse.

D. The school nurse may serve as a resource person to the certificated classroom teacher. To be employed as a health education teacher, the nurse must hold a valid teaching certificate.

E. Pupil records are confidential.

ADDITIONAL CONSIDERATIONS

F. The Ohio Department of Health may order corrections of conditions on school property which are detrimental to health or safety. If necessary, the school may be ordered closed.

G. According to related **Rule 3301-35-03 (C) (2)** of the Minimum Standards for Elementary and Secondary Schools, "School facilities and grounds shall be well-maintained, free from hazards, and in compliance with fire and safety laws and regulations as evidenced by reports of annual school health inspections as conducted by the appropriate local authority."

III. GENERAL CONSIDERATIONS REGARDING SCHOOL HEALTH RECORDS

A. Written health records must be maintained for each pupil within a school district, with provisions to insure the proper use of these records by authorized personnel. Care should be exercised in communicating health information to school personnel and all staff should be made aware of the confidentiality of health information.

B. The health records should be made available to the professional staff within the district. Requests for information from school health records should follow ethical as well as legal practices.

C. The record should provide up-to-date indicators of the health status of each pupil.

D. Records of services, such as first aid, given to pupils should be recorded in detail. Such reports or accident report forms should be filed with the health record.

E. Any health form should be designed for ease in recording and reviewing.

IV. CONSIDERATIONS REGARDING MEDICATION POLICIES

The following considerations are based on recommendations from the Interagency Committee on School Nursing of the Handicapped.

A. There should be a written policy and guidelines regarding the administration of medication at school. School personnel should not administer medication unless absolutely necessary.

B. Boards of education may want to consider purchasing liability insurance for personnel administering medication.

ADDITIONAL CONSIDERATIONS

C. The management of medication in each situation is arranged cooperatively by the parent, school, medical personnel, and pupil. The parents and health care provider should sign a request and permission statement which includes the name of the medication, dosage, route, when administered, possible side effects, and expiration date of the request.

D. Responsibilities should be designated in a written policy and address the following considerations:
   1. The parent's responsibility for providing the medicine and notifying the school of any change.
   2. Specific school personnel should be designated to administer, record, and store the medication.
   3. School personnel should be given appropriate in-service for techniques in administering medications and in observing for possible side effects.
   4. The forms needed for implementation of the policy.

V. CONSIDERATIONS REGARDING PUPIL PREGNANCY

A. Any pupil who is pregnant should be encouraged to seek the care of a private physician or a prenatal clinic as soon as possible.

B. School activities typically present no unusual threat to the health and safety of the expectant mother. Appropriate recommendations from the physician regarding the pupil's participation in school activities should be on file at the school.

VI. SAMPLE FORMS

The following sample forms relate to school health records, administration of medication by school personnel, and pupil pregnancy:

A. School Health Record

B. School Health Examination Record.

C. Medical Record.

D. Physician's Request for the Administration of Medication by School Personnel.

E. Parent's Request for the Administration of Medication by School Personnel.

F. Medication Record.

G. Physician's Report on Pregnant Pupil.

School Health Record

NAME _____ *Enter information in pencil*

Last *First* *Middle*

Birthdate _____ Home Address _____ Phone _____

IMMUNIZATION

TYPE	DATE MO/DAY/YR				
DPT	/ /	/ /	/ /	/ /	/ /
TD	/ /	/ /	/ /	/ /	/ /
POLIO	/ /	/ /	/ /	/ /	/ /
MEASLES	/ /	/ /			
RUBELLA	/ /	/ /			
MUMPS	/ /	/ /			
OTHER	/ /	/ /	/ /	/ /	/ /

Required by compulsory immunization law; 4 DPT; 3 Polio; 1 Live Measles Vaccine on or after child's first birthday; and 1 Rubella.

TUBERCULIN

DATE MO/DA/YR	TYPE	RESULT	DATE MO/DA/YR	TYPE	RESULT
/ /			/ /		

POSTURAL SCREENING (SCOLIOSIS)

DATE MO/DA/YR	RESULTS (Positive or Negative)	DATE REFERRED	ACTION TAKEN
/ /		/ /	
/ /		/ /	
/ /		/ /	
/ /		/ /	

DENTAL

TYPE OF PREVENTION PROGRAM

FLUORIDE (Check)						
WATER	SUPPLEMENT	MOUTH RINSE	NO. OF YEARS	INSTRUCTION (Type of Program)	NO. OF YEARS	

DENTAL REPORT (Date Examined)		DENTAL DISORDER (Date Reported) (See enclosed Dental Record)	
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

ADDITIONAL SCREENING

DATE MO/DA/YR	TEST	RESULT	DATE MO/DA/YR	TEST	RESULT
/ /			/ /		
/ /			/ /		

HEARING

DATE MO/DA/YR	AUDIOMETRY RESULTS (Pass/Fail)		OTHER TESTS (Specify)		DATE REFERRED	ACTION TAKEN	
	R	L	R	L		DATE	(Aid, Seating, Lip Reader, T/A, Tubes, etc.)
/ /					/ /	/ /	
/ /					/ /	/ /	
/ /					/ /	/ /	
/ /					/ /	/ /	
/ /					/ /	/ /	

SPEECH and LANGUAGE

DATE MO/DA/YR	NORMAL	DISORDERS (Check)				DATE REFERRED	ACTION TAKEN (Check)		
		Artic.	Rhythm	Voice	Lang.		Speech Ther.	Med. Eval.	Other (Describe)
/ /						/ /			
/ /						/ /			
/ /						/ /			
/ /						/ /			
/ /						/ /			

VISION

DATE MO/DA/YR	DISTANCE ACUITY		WEARS GLASSES	DATE REFERRED	ACTION TAKEN
	R	L			
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	

	MUSCLE BALANCE (Pass or Fail)		FARSIGHTEDNESS (Pass or Fail)	COLOR (BOYS ONLY) (Pass or Fail)
	Distance	Near		
/ /				

SPECIAL NEEDS

DATE MO/DA/YR	SPECIAL NEEDS OR CONDITIONS (See enclosed explanation)	TEACHER ALERTED	
		DATE	
/ /		/ /	
/ /		/ /	
/ /		/ /	

SCHOOL _____ **SCHOOL HEALTH EXAMINATION RECORD** GRADE ____

I. CHILD'S NAME LAST FIRST MIDDLE BIRTH DATE HOME ADDRESS RESIDENCE PHONE

FATHER'S or GUARDIAN'S NAME PLACE OF EMPLOYMENT BUSINESS PHONE

MOTHER'S NAME PLACE OF EMPLOYMENT BUSINESS PHONE

PHYSICIAN'S NAME ADDRESS OFFICE PHONE

II. Is there anything about your child that the teacher needs to know to understand him better?

III. List diseases and other serious illness, injuries or health conditions your child has had and give dates (year only):

IV. Does any relative or anyone in the home have tuberculosis, diabetes or other illnesses? Describe:

Form 3612.13 (Rev. 1 '66) - ODH & The State Planning Committee for Health Education in Ohio endorsed by the School Health Committee of OSMA

(Continued)

ADDITIONAL CONSIDERATIONS

(Continued)

DENTIST'S REPORT

The following services have been performed:
(Please check)

_____ radiographs

_____ oral prophylaxis

_____ fluoride treatment

_____ restorations

The following statements are applicable:
(Please check)

_____ all necessary services have been performed.

_____ no restorative services are required at this time.

_____ further treatment is indicated.

_____ future appointments have been arranged.

Comments:

Date _____

_____
Signature of examining dentist

PHYSICAN'S REPORT

IMMUNIZATIONS

	Date	Date	Date	Date	Date
DPT					
Td					
Polio Sabin (Tri)					
Measles					
Rubella					
Mumps					
Other					

SCREENING TESTS

	Date	Result	
Muscle Balance			
Farsightedness			
Color			
Distance Acuity		Right	Left
HEARING			

	Date	Test	Result
TUBERCULIN			

(Back Revised 4/74)

PHYSICAL ASSESSMENT

Check one:

☐ Entirely within normal limits

☐ Abnormalities as follows:

Is there any reason why the student cannot carry out a full program of school work?

Yes_____ No_____

Date _____

_____
Signature of examining physician

ADDITIONAL CONSIDERATIONS

MEDICAL RECORD

Sections I through VII should be completed by the parent and/or physician; section VIII should be completed by the physician; and section IX should be completed by school personnel.

I. Name _____ (Last) _____ (First) _____ (Middle) Sex _____ Date of Birth _____ (Mo.) (Day) (Yr.)

Father _____ Mother _____ Guardian _____

Occupation(s) _____ Family Physician _____

II. **FAMILY HISTORY:**

Sisters/Brothers (Names and dates of birth) _____
Serious illnesses in the family (indicate member):

Diabetes _____ Epilepsy _____ Rheumatic Fever _____

Heart _____ Cancer _____ Mental Illness (type) _____

Speech, Hearing or Visual Handicaps _____ Tuberculosis _____

III. **PUPIL'S DISEASE AND ILLNESS HISTORY**

	Year		Year		Year
Chickenpox		Streptococcus		Tuberculosis	
Whooping Cough		Sore Throat		Poliomyelitis	
Measles (regular)		Diphtheria		Meningitis—type	
Measles (German)		Rheumatic Fever		Nephritis	
Mumps		Tonsillitis		Heart Disease	
Scarlet Fever		Pneumonia		Diabetes	
On Insulin		Other			

Convulsions—type _____ Menstrual History _____

Any known physical handicaps? (explain) _____ Corrected? _____

Other serious illnesses (types and dates) _____

Frequent Colds or Sore Throats (explain) _____

Allergies or Asthma (explain) _____

Injuries or Operations (types and dates) _____

Hospitalizations (reasons and dates) _____

ADDITIONAL CONSIDERATIONS

IV. RECORD OF IMMUNIZATIONS AND TESTS (give month and year)

Polio Vaccine	Diptheria	Whooping Cough	Tetanus Toxoid	Measles:	Other
1.	Basic Series	Basic Series	Basic Series	Rubeola (10 day)	Immunizations
2.					
3.	Boosters	Boosters	Boosters	Rubella (3 day)	
Boosters	1.	1.	1.		
1.	2.	2.	2.	Mumps	
2.	3.	3.	3.		

Special Tests	(Dates)	(Results)
Tuberculin		
X-ray		
Urinalysis		
Hemoglobin		
Electrocardiogram		
Electroencephalogram		
Other		

V. EYES—Instructions for use of glasses, special environmental conditions, etc.:

Name and address of eye specialist:

VI. SPEECH AND HEARING

Do you feel your child has a speech problem? _____

Has child ever received speech therapy? _____

Have ears ever been infected? _____ If so, which ear? _____ When? _____

Has family ever noticed reduction in hearing? _____ When? _____

Has child had treatment for ear condition? _____ Describe _____

Has child ever worn a hearing aid? (date) _____

VII. PSYCHOLOGICAL, EMOTIONAL AND BEHAVIORAL HISTORY (give ages of occurrence)

Has child ever been in a special school or class? _____

Scholastic difficulties or educational problems? _____

Has child had any emotional problems? (explain) _____

Poor dietary habits? (explain) _____

Sleep habits? _____ Hours per night _____

VIII. PHYSICAL EXAMINATION—to be filled in and signed by physician

Date:	
Age:	
Generai Appearance, Nutritional State	REMARKS CONCERNING ANY ABNORMAL FINDINGS:
Posture	Height: Weight:
Skin	
Eyes	
Ears	
Nose	
Throat (tonsils)	

ADDITIONAL CONSIDERATIONS

PHYSICAL EXAMINATION—Continued	
Mouth (teeth, etc.)	
Neck	
Heart	
Blood Pressure	
Lungs	
Abdomen	
Genitalia	
Hernia	
Neurological	
Emotional	
May carry full Physical Education Program?	Restricted? Explain.
SPECIAL TESTS (at doctor's discretion)	
Urinalysis	
Hemoglobin	
Tuberculin	
Other	

What medication, if any, is the child taking? _____

_____

Physician's Signature _____

IX. **SCHOOL HEALTH PROGRESS RECORD** (to be used by school personnel)

VISION SCREENING:

Date	Grade	Results	Remarks

HEARING TESTING:

Date	Right	Left	Remarks

PROGRESSIVE HEALTH RECORD (to be used by teachers, nurses, psychologists, counselors, principals)

Date	Remarks concerning observations, conferences, parent discussions, etc. (sign initials).

Adapted from Worthington City Schools, Worthington, Ohio

ADDITIONAL CONSIDERATIONS

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

_____ is under my care and should receive _____

Name of Pupil — Name of Drug, Dosage, Route

at the following times _____.

Specific Instruction for Administration: _____.

Possible Side Effects to Watch for: _____.

Expiration Date of This Request: _____.

Date: _____ _____

Physician's Signature

_____

Physician's Phone Number

Adapted from Madison County Board of Education, London, Ohio

PARENT'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I hereby request and give my permission to the principal or his designee (e.g., school nurse or other responsible person) to administer the following medication to my child.

Name of Pupil: _____

Name of Drug: _____ Dosage: _____ Route: _____

At the Following Time(s): _____

Expiration Date of This Request: _____

Date: _____ _____

Signature of Parent or Guardian

Adapted from Madison County Board of Education, London, Ohio

ADDITIONAL CONSIDERATIONS

MEDICATION RECORD

Name _____ Month _____

School _____ Room _____ Grade _____ Parent Authorization _____

Doctor Authorization _____

Pupil's Name _____ Date of Birth _____

Date M[illegible]tion Started _____ Doctor _____

Given By _____ Medication _____

Directions _____

Note the time given, pertinent observations, and initials of person giving medication.

NAME OF MEDICATION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

ADDITIONAL CONSIDERATIONS

PHYSICIAN'S REPORT ON PREGNANT PUPIL

Pupil's Name: _____ Date: _____

Address: _____ Birth Date: _____

_____ Telephone: _____

Building: _____ Grade: _____

It is the school's desire to have pregnant pupils attend school as long as school attendance is not harmful to the pupil's health.

Please complete the following so that the school can arrange for home instruction, if necessary, while the pupil is absent from regular school attendance due to "pregnancy." Home instruction will begin and end at the physician's request.

I hereby certify that the above pupil is pregnant with an expected delivery date of: _____.

Physical condition of patient: _____

_____

_____

_____.

Limitations of patient's activity while attending school (e.g., participation in physical education): _____

_____

_____

_____.

This patient should begin home instruction on the following date: _____.

I would anticipate that this pupil will be able to resume regular school attendance four weeks following delivery.

Yes _____ No _____.

_____ _____

Physician's Signature Address

_____ _____

Date City State

_____

Telephone

Adapted from Logan-Hocking City Schools, Logan, Ohio

APPENDIX A
SELECTED SECTIONS OF THE REVISED CODE RELATED TO SCHOOL HEALTH SERVICES

Revised Code sections are listed in numerical order.

2151.281 Guardian ad litem.

The court shall appoint a guardian ad litem to protect the interest of a child in any proceeding concerning an alleged or adjudicated delinquent or unruly child when:

(A) The child has no parent, guardian, or legal custodian;

(B) The court finds that there is a conflict of interest between the child and his parent, guardian, or legal custodian;

The court shall appoint a guardian ad litem to protect the interest of a child in any proceeding concerning an alleged abused or neglected child, and in any proceeding held pursuant to section 2151.414 of the Revised Code.

In any proceeding concerning an alleged or adjudicated delinquent, unruly, abused, neglected, or dependent child where the parent appears to be mentally incompetent or is under eighteen years of age, the court shall appoint a guardian ad litem to protect the interest of such parent.

The court shall require such guardian ad litem to faithfully discharge his duties, and upon his failure to do so shall discharge him and appoint another. The court may fix compensation for the service of the guardian ad litem which shall be paid from the treasury of the county.

A parent who is eighteen years of age or older and not mentally incompetent shall be deemed sui juris for the purpose of any proceeding relative to his child alleged or adjudicated to be an abused, neglected, or dependent child.

In any case wherein a parent of a child alleged or adjudicated to be an abused, neglected, or dependent child is under eighteen years of age, the parents of said parent shall be summoned to appear at any hearing respecting the alleged or adjudicated to be an abused, neglected, or dependent child.

2151.421 Persons required to report injury or neglect; procedures on receipt of report.

Any attorney, physician, including a hospital intern or resident, dentist, podiatrist, practitioner of a limited branch of medicine or surgery as defined in section 4731.15 of the Revised Code, registered or licensed practical nurse, visiting nurse, or other health care professional, licensed psychologist, speech pathologist or audiologist, coroner, administrator or employee of a certified child care agency or other public or private children services agency, school teacher or school authority, social worker, or person rendering spiritual treatment through prayer in accordance with the tenets of a well recognized religion, acting in his official or professional capacity, having reason to believe that a child less than eighteen years of age or any crippled or otherwise physically or mentally handicapped child under twenty-one years of age has suffered any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse or neglect of the child, shall immediately report or cause reports to be made of such information to the child services board or the county department of welfare exercising the children services function, or a municipal or county peace officer in the county in which the child resides or in which the abuse or neglect is occurring or has occurred.

Anyone having reason to believe that a child less than eighteen years of age or any crippled or otherwise physically or mentally handicapped child under twenty-one years of age has suffered any wound, injury, disability, or other condition of such nature as to reasonably indicate abuse or neglect of the child may report or cause reports to be made of such information to the children services board or the county department of welfare exercising the children services function, or to a municipal or county peace officer.

The reports shall be made forthwith by telephone or in person forthwith, and shall be followed by a written report, if requested by the receiving agency or officer. The written report shall contain:

(A) The names and addresses of the child and his parents or person or persons having custody of such child, if known;

(B) The child's age and the nature and extent of the child's injuries, abuse, or neglect, including any evidence of previous injuries, abuse, or neglect;

(C) Any other information which might be helpful in establishing the cause of the injury, abuse, or neglect.

Any person who is required to report cases of child abuse or neglect may take or cause to be taken color photographs of areas of trauma visible on a child and, if medically indicated, cause to be performed radiological examinations of the child.

When the attendance of the physician is pursuant to the performance of services as a member of the staff of a hospital or similar institution, he shall notify the person in charge of the institution or his designated delegate who shall make the necessary reports.

Upon the receipt of a report concerning the possible abuse or neglect of a child, the municipal or county peace officer shall refer such report to the appropriate county department of welfare or children services board.

No child upon whom a report is made shall be removed from his parents, step-parents, guardian, or other persons having custody by a municipal or county peace officer without consultation with the children services board or the county department of welfare exercising the children services function unless, in the judgment of

the reporting physician and the officer, immediate removal is considered essential to protect the child from further abuse or neglect.

The county department of welfare or children services board shall investigate, within twenty-four hours, each report referred to it under this section to determine the circumstances surrounding the injury or injuries, abuse, or neglect, the cause thereof, and the person or persons responsible. The investigation shall be made in cooperation with the law enforcement agency. The county department of welfare or children services board shall report each case to a central registry which the state department of public welfare shall maintain in order to determine whether prior reports have been made in other counties concerning the child or other principals in the case. The department or board shall submit a report of its investigation, in writing to the law enforcement agency.

The county department of welfare or children services board shall make such recommendations to the county prosecutor or city director of law as it deems necessary to protect such children as are brought to its attention.

Anyone or any hospital, institution, school, health department, or agency participating in a judicial proceeding resulting from the reports, shall be immune from any civil or criminal liability that might otherwise by incurred or imposed as a result of such actions. Notwithstanding section 4731.22 of the Revised Code, the physician-patient privilege shall not be a ground for excluding evidence regarding a child's injuries, abuse, or neglect, or the cause thereof in any judicial proceeding resulting from a report submitted pursuant to this section.

Nothing in this section shall be construed to define as an abused or neglected child any child who is under spiritual treatment through prayer in accordance with the tenets and practice of a well-organized religion in lieu of medical treatment, and no report shall be required as to the child.

Any report made under this section is confidential, and any person who permits or encourages the unauthorized dissemination of its content is guilty of a misdemeanor of the fourth degree.

Reports required by this section shall result in protective services and emergency supportive services being made available by the county department of welfare or children services board on behalf of children about who *(sic)* the reports are made, in an effort to prevent further neglect or abuse, to enhance their welfare, and whenever possible, to preserve the family unit intact. The department of public welfare shall exercise rule-making authority under Chapter 119 of the Revised Code to aid in the implementation of this section.

There shall be placed on file with the juvenile court in each county and the department of public welfare an initial plan of cooperation jointly prepared and subscribed to by a committee consisting of the county peace officer, all chief municipal peace officers within the county, the prosecuting attorney of the county and the director of law of each city, and the children services board of county welfare department exercising the children services function as conveyed by the county welfare director. The plan shall set forth the normal operating procedure to be employed by all concerned officials in the execution of their respective responsibilities under this section and section 2151.41 of the Revised Code. The plan shall include a system for cross-referral of reported cases of abuse and neglect as necessary, and shall also include the name and title of the official directly responsible for making reports to the central registry.

2305.23 Liability for emergency care. (Good Samaritan Statute)

No person shall be liable in civil damages for administering emergency care or treatment at the scene of an emergency outside of a hospital, doctor's office or other place having proper medical equipment, for acts performed at the scene of such emergency, unless such acts constitute willful or wanton misconduct.

Nothing in this section applies to the administering of such care or treatment where the same is rendered for remuneration, or with the expectation of remuneration, from the recipient of such care or treatment or someone on his behalf. The administering of such care or treatment by one as part of his duties as a paid member of any organization of law enforcement officers or fire fighters does not cause such to be a rendering for remuneration or expectation of remuneration.

3313.50 Record of tests; statistical data; individual records.

Boards of education and boards of health making tests for determining defects in hearing and vision in school children shall keep an accurate record of such tests and of measures taken to correct such hearing and visual defects. This record shall be kept on a form to be prescribed or approved by the director of health. Statistical data from such records shall be made available to official state and local health, education, and welfare departments and agencies. Individual records shall be made available to such departments and agencies only in cases where there is evidence that no measures have been taken to correct defects determined by such tests provided that such records shall be made available to school authorities where they are deemed essential in establishing special education facilities for children with hearing and visual defects.

3313.643 Eye protective devices.

Every student and teacher of a school, college, or other educational institution shall wear industrial quality eye protective devices at all times while participating in or observing any of the following courses:

(A) Vocational, technical, industrial arts, fine arts, chemical, physical, or combined chemical physical educational activities, involving exposure to:

(1) Hot molten metals or other molten materials;
(2) Milling, sawing, drilling, turning, shaping, cutting, grinding, buffing, or stamping of any solid materials;
(3) Heat treatment, tempering, or kiln firing of any metal or other materials;
(4) Gas or electric arc welding or other forms of welding processes;
(5) Repair or servicing of any vehicle;
(6) Caustic or explosive materials.

(B) Chemical, physical, or combined chemical-physical laboratories involving caustic or explosive materials, hot liquids or solids, injurious radiations, or other hazards.

Such devices may be furnished for all students and teachers, purchased and sold at cost to students and teachers, or made available for a moderate rental fee, and shall be furnished for all visitors to such shops and laboratories.

The superintendent of public instruction, or any other appropriate educational authority designated by the superintendent, shall prepare and circulate to each public and private educational institution in this state instructions and recommendations for implementing the eye safety provisions of this section. The industrial commission shall insure compliance with this section.

"Industrial quality eye protective devices" as used in this section, means devices meeting the standards of the American national standard practice for occupational and educational eye and face protection, Z87.1-1968, approved by the American national standards institute, inc., and subsequent revisions thereof, provided such revisions are approved and adopted by the industrial commission.

3313.67 Immunization of pupils to prevent spread of diseases; records.

(A) The board of education of each city, exempted village, or local school district may make and enforce such rules to secure the immunization of, and to prevent the spread of communicable diseases among the pupils attending or eligible to attend the schools of the district, as in its opinion the safety and interest of the public require. Boards of health, legislative authorities of municipal corporations, and boards of townships trustees, on application of the board of education of the district, at the public expense, without delay, shall provide the means of immunization to pupils who are not so provided by their parents or guardians.

(B) The board shall keep an immunization record for each pupil, available in writing to the pupil's parent or guardian upon request, which shall include:

(1) Immunization against the diseases mentioned in division (A) of section 3313.671 of the Revised Code;
(2) Any tuberculin tests given pursuant to section 3313.71 of the Revised Code;
(3) Any other immunizations required by the board pursuant to the division (A) of this section.

(C) Annually by the fifteenth day of October, the board shall report a summary, by school, of the immunization records of all initial entry pupils in the district to the director of health, on forms prescribed by the director.

3313.671 Required immunizations; exceptions.

(A) Except as otherwise provided in this division, no pupil, at the time of his initial entry or at the beginning of each school year, to an elementary or high school for which the state board of education prescribed minimum standards pursuant to division (D) of section 3301.07 of the Revised Code, shall be permitted to remain in school for more than fourteen days, unless he presents written evidence, satisfactory to the person in charge of admission, that he has been immunized by a method of immunization approved by the department of health pursuant to section 3701.13 of the Revised Code against poliomyelitis, diphtheria, pertussis, tetanus, rubeola, and rubella or is in the process of being so immunized. "In the process of being so immunized" means the pupil has been immunized against rubeola and rubella, and if he has not been immunized against poliomyelitis and diphtheria, pertussis, and tetanus, he has received at least the first doses of the immunization sequence and presents written evidence to the pupil's building principal of each subsequent dose required to obtain immunization at the intervals prescribed by the director of health. Any student previously admitted under the "in process of being so immunized" provision and who has not complied with the immunization intervals prescribed by the director of health shall be excluded from school on the fifteenth day of the following school year. Any student so excluded shall be readmitted upon showing evidence to the student's building principal of progress on the director of health's interval schedule.

(1) A pupil who has had natural rubeola, and presents a signed statement from his parents or physician to that effect, is not required to be immunized against rubeola.
(2) A female pupil who has reached puberty is not required to be immunized against rubella.
(3) A pupil who presents a written statement of his parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.
(4) A child whose physician certifies in writing that such immunization against any disease is medically contraindicated is not required to be immunized against that disease. This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, pertussis, and tetanus of the pupils under its jurisdiction.

(B) Boards of health, legislative authorities of municipal corporations, and boards of township trustees on application of the board of education of the district or proper authority of any school affected by this section, shall provide at the public expense, without delay, the means of immunization against poliomyelitis, rubeola, rubella, diphtheria, pertussis, and tetanus to pupils who are not so provided by their parents or guardians.

3313.68 Employment of medical personnel; delegation of duties to board of health.

The board of education of each city, exempted village, or local school district may appoint one or more school physicians and one or more school dentists. Two or more school districts may unite and employ one such physician and at least one such dentist whose duties shall be such as are prescribed by law. Said school physician shall hold a license to practice medicine in Ohio, and each school dentist shall be licensed to practice in this state. School physicians and dentists may be discharged at any time by the board of education. School physicians and dentists shall serve one year and until their successors are appointed and shall receive such compensation as the board of education determines. The board of education may also employ registered nurses, as defined by section 4723.06 and certified as school nurses under section 3319.22 of the Revised Code, to aid in such inspection in such ways as are prescribed by it, and to aid in the conduct and coordination of the school health service program. The school dentists shall make such examinations and diagnoses and render such medical or corrective treatment for the school children as is prescribed by the board of education; provided that all such remedial or corrective treatment shall be limited to the children whose parents cannot otherwise provide for same, and then only with the written consent of the parents or guardians of such children. School dentists may also conduct such oral hygiene educational work as is authorized by the board of education.

The board of education may delegate the duties and powers provided for in this section to the board of health or officer performing the functions of a board of health within the school district, if such board or officer is willing to assume the same. Boards of education shall cooperate with boards of health in the prevention and control of epidemics.

3313.69 Hearing and visual tests of school children; exemptions.

The board of education or board of health providing a system of medical and dental inspection of school children, as authorized by section 3313.68 of the Revised Code, shall include in such inspection tests to determine the existence of hearing and visual defects in school children. The methods of making such tests and the testing devices to be used shall be such as are approved by the department of health.

Any child shall be exempted from dental inspection if he has been examined for dental defects by a regularly licensed dentist, from a hearing test if he has been examined by a regularly licensed physician, and from a visual test if he has been examined by a regularly licensed physician or optometrist upon presentation to the school authorities of a certificate to the effect that he has been so examined during the twelve months immediately preceding the date of such inspections.

3313.70 Member of board cannot be school physician, dentist, or nurse.

No member of the board of education in any district shall be eligible to the appointment of school physician, school dentist, or school nurse during the period for which he is elected.

3313.71 Health examinations of pupils and personnel.

School physicians may make examinations, which shall include tests to determine the existence of hearing defects, and diagnoses of all children referred to them. They may make such examination of teacher and other school employees and inspection of school buildings as in their opinion the protection of health of the pupils, teachers, and other school employees requires.

Boards of education shall require and provide in accordance with section 3313.67 of the Revised Code, such tests and examinations for tuberculosis of pupils in selected grades and of school employees as may be required by the Ohio Public Health Council.

Boards may require annual tuberculin tests of any grades. All pupils with positive reactions to the test shall have chest X-rays and all positive reactions and X-ray findings shall be reported promptly to the county record bureau of tuberculosis cases provided for in section 339.42 of the Revised Code. Boards shall waive the required test where a pupil presents a written statement from his family physician certifying that such test has been given and that such pupil is free from tuberculosis in a communicable stage, or that such test is inadvisable for medical reasons, or from his parent or guardian objecting to such test because of religious convictions.

Whenever a pupil, teacher, or other school employee is found to be ill or suffering from tuberculosis in a communicable stage or other communicable disease, the school physician shall promptly send such pupil, teacher, or other school employees home, with a statement, in the case of a pupil, to its parents or guardian, briefly setting forth the discovered facts, and advising that the family physician be consulted. School physicians shall keep accurate card-index records of all examinations, and said records, that they may be uniform throughout the state, shall be according to the form prescribed by the state board of education, and the reports shall be made according to the method of said form. If the parent or guardian of any pupil or any teacher or other school employee after notice from the board of education, furnishes within two weeks thereafter the written certificate of any reputable physician that the pupil, teacher, or other school employee has been examined, in such cases the service of the school physician shall be dispensed with, and such certificate

shall be furnished by such parent or guardian, as required by the board of education. Such individual records shall not be open to the public and shall be solely for the use of the boards of education and boards of health officer. If any teacher or other school employee is found to have tuberculosis in a communicable stage or other communicable disease, his employment shall be discontinued, or suspended upon such terms as to salary as the board deems just until the school physician has certified to a recovery from such disease. The methods of making the tuberculin tests and chest X-rays required by this section shall be such as are approved by the director of health.

3313.711 Schools to which examination and disease requirements pertain.

Section 3313.71 of the Revised Code applies to all elementary and high schools for which the state board of education sets minimum standards pursuant to section 3301.07 of the Revised Code.

3313.712 Emergency medical authorization; form.

As used in this section, "parent" means parent as defined in section 3321.01 of the Revised Code.

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section. When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local, or joint vocational school district to which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form.

If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent or guardian gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before the treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

(B) The emergency medical authorization form provided for in division (A) of this section is as follows:

EMERGENCY MEDICAL AUTHORIZATION

_____
School district

_____
Student name

_____
Address

_____
Telephone

_____
School attended

Purpose — To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

Part I or Part II must be completed.

REVISED CODE

PART I (TO GRANT REQUEST)

In the event reasonable attempts to contact me at _____ (phone number) or _____ _____ (other parent) at _____ (phone number) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

_____

_____

_____ _____ _____

Date Signature of parent Address

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II (REFUSAL TO CONSENT)

I do Not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

_____

_____ _____

Date Signature of parent

_____

Address

3313.72 Contract with health district for services of physician, dentist, or nurse.

The board of education of a city, exempted village, or local school district may enter into a contract with a health district for the purpose of providing the services of a school physician, dentist, or nurse.

3313.73 Board of health to make examination; report; recommendations to parents.

If the board of education of a city, exempted village or local school district has not employed a school physician, the board of health shall conduct the health examination of all school children in the health district and shall report the findings of such examination and make such recommendations to the parents or guardians as are deemed necessary for the correction of such defects as need correction. This section does not require any school child to receive a medical examination or receive medical treatment whose parent or guardian objects thereto.

3319.22 Grades and types of teaching certificates. (Certification of school nurses.)

Teachers' certificates of state-wide validity shall be issued pursuant to sections 3319.22 to 3319.31, inclusive, of the Revised Code, or in accordance with standards, rules, and regulations authorized by law. The grades of certificates shall be designated as "temporary certificates," "one year vocational certificates," "provisional certificates," "professional certificates," and "permanent certificates." Each of such grades of certificates may be issued in each or any of the following types:

...(N) School nurse, valid for the conduct and coordination of school health service programs.

3319.221 School nurse certificate granted to nurse employed on January 1, 1973.

Any registered nurse employed by a school district in the capacity of school nurse on January 1, 1973, or any registered nurse employed by a city or general health district on January 1, 1973 to serve full-time in the capacity of school nurse in one or more school districts,

shall be considered to have fulfilled the requirements for the issuance of a school nurse certificate under section 3319.22 of the Revised Code.

3319.32 Records to be kept by superintendents and teachers of all schools; reports.

Boards of education shall require all teachers and superintendents to keep the school records and to prepare reports in such manner as to enable the preparation of the annual reports required by law and shall withhold the pay of such teachers and superintendents who fail to file the reports required of them. The records of each school, in addition to all other requirements, shall be so kept as to exhibit the names of all pupils enrolled therein, the studies pursued, the character of the work done and the standing of each pupil; and these records shall be as nearly uniform throughout the state as practicable.

Nothing in this section shall require any person to release, or to permit access to, public school records in violation of section 3319.321 of the Revised Code.

3319.321 Limits on public access to records concerning pupils.

(A) No person shall release, or permit access to, the names or other personally identifiable information concerning any pupils attending a public school, to any person or group for use in a profit-making plan or activity.

(B) No person shall release, or permit access to, personally identifiable information other than directory information concerning any pupil attending a public school, for purposes other than those identified in division (C) of this section, without the written consent of the parent, guardian, or custodian of each such pupil who is less than eighteen years of age, or without the written consent of each pupil who is eighteen years of age or older.

(1) For purposes of this section, "directory information" includes a pupil's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, date of attendance, date of graduation and awards received.

(2) Except for directory information, information covered by this section that is released shall only be transferred to a third or subsequent party on the condition that such party will not permit any other party to have access to such information without written consent of the parent, guardian, or custodian, or of the pupil who is eighteen years of age or older.

(3) Except as otherwise provided in this section, any parent of a pupil may give the written parental consent required under this section. Where parents are separated or divorced, the written parental consent required under this section may be obtained from either parent, subject to any agreement between such parents or court order governing the rights of such parents. In the case of a pupil whose legal guardian is in an institution, a person independent of the institution who has no other conflicting interests in the case shall be appointed by the board of education of the school district in which the institution is located to give the written parental consent required under this section.

(C) Nothing in this section shall limit the administrative use of public school records by a person acting exclusively in his capacity as an employee of a board of education or of the state or any of its political subdivisions, any court, or the federal government, and nothing in this section shall prevent the transfer of a pupil's record to an educational institution for a legitimate educational purpose. However, except as provided in this section, public school records shall not be released or made available for any other purpose. The provisions of this division regarding the administrative use of records by an employer of the state or any of its political subdivisions or of a court or the federal government shall be applicable only when the use of the information is required by the state statute adopted before November 19, 1974, or by federal law.

(D) A board of education may require a person seeking to obtain copies of public school records to pay the cost of reproduction, which shall not exceed the actual cost to the school.

3701.13 Powers of departments.

The department of health shall have supervision of all matters relating in the preservation of the life and health of the people and have supreme authority in matters of quarantine, which it may declare and enforce, when none exists, and modify, relax, or abolish, when it has been established. It may approve means of immunization against poliomyelitis, smallpox, rubeola, diphtheria, rubella (German measles), pertussis, and tetanus for the purpose of carrying out the provisions of section 3313.671 of the Revised Code. It may make special or standing orders or regulations for preventing the use of fluoroscopes for nonmedical purposes which emit doses of radiation likely to be harmful to any person, for preventing the spread of contagious or infectious diseases, for governing the receipt and conveyance of remains of deceased persons, and for such other sanitary matters as are best controlled by a general rule. It may make and enforce orders in local matters when emergency exists, or when the board of health of a general or city health district has neglected or refused to act with sufficient promptness or efficiency, or when such board has not been established as provided by section 3709.02, 3709.03, 3709.05, 3709.11, 3709.12, and 3709.14 of the Revised Code. In such cases the necessary expenses incurred shall be paid by the general health district or city for which the services are rendered.

REVISED CODE

3701.24 Report as to contagious or infectious diseases.

Boards of health, health authorities or officials, and physicians in localities where there are no health authorities or officials, shall report to the department of health promptly upon the discovery thereof, the existence of any one of the following diseases:

(A) Asiatic cholera;

(B) Yellow fever;

(C) Smallpox;

(D) Scarlet fever;

(E) Diphtheria;

(F) Membranous croup;

(G) Typhus or typhoid fever;

(H) Such other contagious or infectious diseases as the public health council specifies.

3701.28 Powers of department when local authorities fail to act.

When a contagious or infectious disease becomes or threatens to become epidemic in a municipal corporation or township, and the local authorities neglect or refuse to enforce efficient measures for its prevention, the director of health may appoint a medical or sanitary officer and such assistants as he may require, and authorize him to enforce such orders or regulations as the director deems necessary.

3707.03 Correction of nuisance or unsanitary conditions on school property.

The board of health of a city or general health district shall abate all nuisances and may remove or correct all conditions detrimental to health or well-being found upon school property by serving an order upon the board of education, school board, or other person responsible for such property, for the abatement of such nuisance or condition within a reasonable but fixed time. The board of health may appoint such number of inspectors of schools and school buildings as is necessary to properly carry out this section.

3707.06 Notice to be given of prevalence of infectious diseases.

Each physician or other person called to attend a person suffering from smallpox, cholera, plague, yellow fever, typhus fever, diphtheria, membranous croup, scarlet fever, typhoid fever, or any other disease dangerous to the public health, or required by the department of health to be reported, shall report to the health commissioner within whose jurisdiction such person is found the name, age, sex, and color of the patient, and the house and place in which such person may be found. In like manner, the owner or agent of the owner of a building in which a person resides who has any of such diseases, or in which are the remains of a person having died to any such disease, and the head of the family, immediately after becoming aware of the fact, shall give notice thereof to such commissioner.

3707.16 Attendance at gatherings by quarantined person prohibited.

No person isolated or quarantined for a communicable disease declared by the board of health of a city or general health district or the department of health to require isolation or quarantine shall attend any public, private, or parochial school or college, Sunday school, church, or any other public gathering, until released from isolation or quarantine by the board. All school principals, Sunday school superintendents, or other persons in charge of such schools or other gatherings shall exclude any such person until he presents a written permit to the board to attend.

3707.26 Board shall inspect schools and may close them.

Semiannually, and oftener if in its judgment necessary, the board of health of a city or general health district shall inspect the sanitary condition of all schools and school buildings within its jurisdiction, and may disinfect any school building. During an epidemic or threatened epidemic, or when a dangerous communicable disease is unusually prevalent, the board may close any school and prohibit public gatherings for such time as is necessary.

3709.22 Duties of board of city or general health district.

Each board of health of a city or general health district shall study and record the prevalence of disease within its district and provide for the prompt diagnosis and control of communicable diseases. The board may also provide for the medical and dental supervision of school children, for the free treatment of cases of venereal diseases, for the inspection of schools, public institutions, jails, workhouses, children's homes, infirmaries, and county homes, and other charitable, benevolent, and correctional institutions. The board may also provide for the inspection of dairies, stores, restaurants, hotels, and other places where food is manufactured, handled, stored, sold, or offered for sale, and for the medical inspection of persons employed therein. The board may also provide for the inspection and abatement of nuisances dangerous to public health or comfort, and may take such steps as are necessary to protect the public health and to prevent disease.

In the medical supervision of school children, as provided in this section, no medical or surgical treatments shall be administered to any minor school child except upon the written request of a parent or guardian of such child. Any information regarding any diseased condition or defect found as a result of any school medical examination shall be communicated only to the parent or guardian of such child and if in writing shall be in a sealed envelope addressed to such parent or guardian.

3709.24 Free treatment for venereal disease.

Each board of health of a city or general health district may provide for the free treatment of cases of gonorrhea, syphilis, and chancroid. It may establish and maintain one or more clinics for such purpose and may provide for

the necessary medical and nursing service therefor. The board may provide for the quarantine of such carriers of gonorrhea, syphilis, or chancroid as the director of health orders to be quarantined. It shall use diligence in the prevention of such venereal diseases and shall carry out all orders and regulations of the department of health in correction therewith.

3709.241 Venereal disease treatment consent by minor.

Notwithstanding any other provision of law, a minor may give consent for the diagnosis or treatment of any venereal disease by a licensed physician. Such consent is not subject to disaffirmance because of minority. The consent of the parent, parents, or guardian of a minor giving consent under this section are not liable for payment of any diagnostic or treatment services provided under this section without their consent.

3719.012 Consent of minor to diagnosis and treatment of drug related conditions.

(A) Notwithstanding any other provision of law, a minor may give consent for the diagnosis or treatment by a physician licensed to practice in this state of any condition which it is reasonable to believe is caused by a drug of abuse. Such consent shall not be subject to disaffirmance because of minority.

(B) A physician licensed to practice in this state, or any person acting at his direction, who in good faith renders medical or surgical services to a minor giving consent under division (A) of this section, shall not be subject to any civil or criminal liability for assault, battery, or assault and battery.

(C) The parent or legal guardian of a minor giving consent under division (A) of this section is not liable for the payment of any charges made for medical or surgical services rendered such minor, unless the parent or legal guardian has also given consent for the diagnosis or treatment.

3737.73 Instruct pupils in fire drills and tornado safety precautions.

(A) No principal or person in charge of a public or private school or educational institution having an average daily attendance of fifty or more pupils, and no person in charge of any children's home or orphanage housing twenty or more minor persons shall willfully neglect to instruct and train such children by means of drills or rapid dismissals at least once a month while such school, institution, or children's home is in operation, so that such children in a sudden emergency may leave the building in the shortest possible time without confusion. In the case of schools, no such person shall willfully neglect to keep the doors and exits of such buildings unlocked during school hours. The fire marshal may order the immediate installation of necessary fire gongs or signals in such schools, institutions, or children's homes and enforce this section.

(B) In conjunction with the drills or rapid dismissals required by division (A) of this section, principals or persons in charge of public or private primary and secondary schools, or educational institutions, shall instruct pupils in safety precautions to be taken in case of a tornado alert, or warning. Such principals or persons in charge of such schools or institutions shall designate, in accordance with standards prescribed by the fire marshal, appropriate locations to be used to shelter pupils in case of a tornado, tornado alert, or warning.

(C) The fire marshal or his designee shall annually inspect each school or institution subject to division (B) of this section to ascertain whether the locations comply with the prescribed standards. Nothing in this section shall require a school or institution to construct or improve a facility or location for use as a shelter area.

(D) The fire marshal or his designee shall issue a warning to any person found in violation of division (A) or (B) of this section. The warning shall indicate the specific violation and a date by which such violation shall be corrected. No person shall fail to correct violations by the date indicated on a warning issued under this division.

4723.06 Practice of professional nursing defined.

"Practice of professional nursing" means the performance for compensation of acts requiring substantial judgment and specialized skills based on knowledge and application of scientific principles learned in an approved school of professional nursing. Acts of medical diagnosis or prescription of medical, therapeutic, or corrective medical measures by a nurse are prohibited.

ADMINISTRATIVE CODE

APPENDIX B
SELECTED RULES FROM THE ADMINISTRATIVE CODE RELATED TO SCHOOL HEALTH SERVICES

Office of the State Fire Marshal

1301:7-5-14 Tornado shelters in schools.

(A) Pursuant to section 3737.73 of the Revised Code, principals or persons in charge of public or private primary and secondary schools or educational institutions having an average daily attendance of fifty or more pupils shall designate appropriate locations in their respective facilities to be used to shelter pupils in case of a tornado, tornado alert, or tornado warning. The designation of such locations shall be in accordance with the standards prescribed by the fire marshal, as set forth herein. However, nothing in these rules shall be construed as requiring a school or institution to construct or improve a facility or area thereof for use as a tornado shelter, or to install a tornado alarm system.

(B) Specific safety requirements.

(1) The fire alarm system shall not be used to alert building occupants of a tornado, tornado alert, or tornado warning.

(2) The principal or person in charge of the school shall submit a scale drawing to the fire marshal, showing the building floor plan(s), and designated tornado shelter area(s). Each room or area shown on the plan shall be clearly indicated as to its particular use.

(3) The drawing required by paragraph (B) (2) of this rule, shall be submitted to the fire marshal at 8895 East Main Street, Reynoldsburg, Ohio 43068, for the purpose of review and approval. A copy of the drawings shall be submitted to the local fire official, for his information, and a copy shall be maintained in the office of each school, for examination by the fire safety inspector.

(4) Tornado drills shall be conducted at least once a month whenever school is in session during the tornado season. For the purpose of this rule, "tornado season" is the period from the first day of April to the last day of July. A record of such drills shall be maintained in the office of each school for examination by the fire safety inspector.

(5) The occupants of modular classroom facilities shall be moved out of such facilities and to the designated tornado shelter area(s) in the event of a tornado, tornado alert, or tornado warning.

(C) Standards for shelter designation.

It is recommended that the designation of areas to be used as tornado shelters be in accordance with the following criteria:

(1) Whenever possible, designated areas which are located below ground level, in the core of the building, in rooms or spaces with short ceiling spans, and on the leeward side. The farther the area is below ground level, the greater the protection. In any event, the area should be on the lowest floor, in the center of the building, and in a corridor or small room.

(2) First aid kits and supplies should be in or close to the tornado shelter area(s).

(3) Avoid walls of glass, windows, skylights, and areas containing trophy cases or other fixtures of glass.

(4) Avoid load-bearing walls and exterior walls, especially those on the windward side or facing the south, southwest, or west.

(5) Avoid corridors which are not baffled with a wall or walls which open to the south, southwest, or west.

(6) Avoid an area with only one exit, unless overriding considerations should prevail.

(7) Avoid rooms or areas which are locked, since they may not be readily accessible during an emergency.

(8) Avoid, absolutely, chimneys and the use of cars, buses, and modular classroom buildings.

(9) Avoid rooms or spaces with long ceiling spans, which are opposite openings or doorways which lead into rooms with windows in exterior walls, or which are within the unprotected, falling radius of higher building components.

(D) General considerations.

Every building is different and contains some vulnerable elements which cannot be counted upon to withstand a tornado. Portions of buildings which contain one or more of these elements should be avoided wherever possible.

(1) Windows, skylights, and other components of glass, should be avoided. Glass is no match for tornado force winds and usually breaks into many jagged pieces which are blown into interior spaces from the windward side. Acrylic or poly carbonate plastics are more resistant to impact than glass, but large panes will pop out. Tempered glass will shatter into thousands of cube-like pieces that will be propelled by the winds like shrapnel. Windows at the ends of corridors, particularly those facing south, southwest, and west, are very dangerous. They will probably be blown down the corridor in a wind tunnel effect.

(2) Windward side walls, which usually are on the south and west, receive the full strength of the winds. It is assumed that windows of these sides will be broken and blown into the rooms on the windward side. This often results in increased air pressure, which aids in raising the roof.

(3) Wind tunnels occur in unprotected corridors facing the oncoming winds, which usually come from the south or west. Openings facing these directions allow the winds to penetrate into interior spaces. The winds apparently occupy almost the entire volume of such a wind tunnel, as debris marks have been found to cover the full height of the walls. If entrances are baffled with a solid massive wall, this effect is much less serious.

(4) Lightweight roofs such as steel deck plate, wood planks, or plywood will usually be lifted up by the wind and partially carried away, with some roof debris falling below.

(5) Heavier roofs, especially precast concrete planks, may lift up and move slightly and then fall, but not always returning to their original support location. If the support has collapsed, the heavy roof may fall into the area below.

(6) Long-span rooms almost always have high ceilings. The exterior walls are usually higher than the typical one-story wall. Often these walls, especially those with southern or western exposures, will collapse into the long span. If they are load-bearing walls, the roof will cave in on the area also. Avoid rooms such as gyms, auditoriums, and cafeterias.

(7) Load-bearing walls are the sole support for floors or roofs above. If winds cause the supporting walls to fall, part or all of the roof or floors above will collapse. The most dangerous locations of a building are usually along the south and west sides, and at all corners.

(8) Masonry construction is not immune to wall collapse. Most masonry walls are not vertically reinforced, and can fail when high horizontal forces occur, such as those caused by winds.

AGENCIES AND ASSOCIATIONS

APPENDIX C
SELECTED AGENCIES AND ASSOCIATIONS

AMERICAN ACADEMY OF PEDIATRICS
1801 Hinman Avenue—Box 1034
Evanston, Illinois 60201

AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE
211 East Chicago Avenue
Chicago, Illinois 60611

AMERICAN DENTAL ASSOCIATION
BUREAU OF HEALTH EDUCATION AND AUDIOVISUAL SERVICES
211 East Chicago Avenue
Chicago, Illinois 60611

AMERICAN MEDICAL ASSOCIATION
DEPARTMENT OF HEALTH EDUCATION
535 North Dearborn Street
Chicago, Illinois 60610

AMERICAN SCHOOL HEALTH ASSOCIATION
1521 South Water Street
Kent, Ohio 44240

ASSOCIATION FOR THE ADVANCEMENT OF HEALTH EDUCATION
1900 Association Drive
Reston, Virginia 22091

CENTER FOR HEALTH PROMOTION AND EDUCATION
CENTERS FOR DISEASE CONTROL
1600 Clifton Road, N.W.
Atlanta, Georgia 30333

NATIONAL CENTER FOR HEALTH EDUCATION
SCHOOL HEALTH EDUCATION PROJECT
901 Sneath Lane, Suite 215
San Bruno, California 94066

NATIONAL HEALTH INFORMATION CLEARINGHOUSE
P.O. Box 1133
Washington, D.C. 20013

NATIONAL PARENT TEACHER ASSOCIATION
700 North Rush Street
Chicago, Illinois 60611

OFFICE OF COMPREHENSIVE SCHOOL HEALTH
BUREAU OF SCHOOL IMPROVEMENT
3700 Donahue Building
400 Maryland Avenue, S.W.
Washington, D.C. 20202

OFFICE OF HEALTH INFORMATION, HEALTH PROMOTION, PHYSICAL FITNESS AND SPORTS MEDICINE
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20202

OHIO ASSOCIATION OF SCHOOL NURSES
OHIO EDUCATION ASSOCIATION
225 East Broad Street, Box 2550
Columbus, Ohio 43216

OHIO DEPARTMENT OF EDUCATION
65 South Front Street
Columbus, Ohio 43215

OHIO DEPARTMENT OF HEALTH
246 North High Street
Columbus, Ohio 43215

OHIO DEPARTMENT OF PUBLIC WELFARE
30 East Broad Street
Columbus, Ohio 43215

OHIO NURSES ASSOCIATION
4000 East Main Street
Columbus, Ohio 43213

OHIO STATE MEDICAL ASSOCIATION
600 South High Street
Columbus, Ohio 43215

AGENCIES AND ASSOCIATIONS

The following list contains examples of local and regional groups that often have an interest in health services and education and that are willing to contribute resources such as materials, speakers, and funding in support of that interest.

VOLUNTARY HEALTH AGENCIES

For example:
American Cancer Society
American Heart Association
American Lung Association
March of Dimes
Red Cross

HEALTH PROFESSIONALS AND PROFESSIONAL ORGANIZATIONS

For example:
City or County Medical Association
Dental Association
Nursing Groups

PRIVATE SECTOR BUSINESSES AND GROUPS

For example:
Blue Cross/Blue Shield
Chamber of Commerce
Health Insurance Companies
Life Insurance Companies

HEALTH DEPARTMENTS

For example:
City or County

SCHOOL HEALTH COUNCILS

For example:
Community Health Council

SCHOOL PARENT TEACHER ASSOCIATIONS

CIVIC GROUPS

For example:
Lions Club
Rotary Club
Shrine

SPECIAL EDUCATION REGIONAL RESOURCE CENTERS (SERRCs)

COLLEGES AND UNIVERSITIES

NOTES

IMPLEMENTATION SERIES

A K-12 Written Guidance Plan

Code of Conduct

Competency Assessment and Testing

Economics Course of Study

Educational Options

Fine Arts and Physical Education K-12

High School Mathematics

Improving Attendance

Intervention

Materials Selection Guidelines

Procedures for School Evaluation

Process Model for Course of Study

School Health Services

Secondary Reading

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Division of Elementary and Secondary Education
65 South Front Street
Columbus, Ohio 43215
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